

Making Sex Work Safe

By Cheryl Overs and Andrew Hunter for the Global Network of Sex Work Projects





Dedicated to Paulo Henrique Longo

Foreword

Making Sex Work Safe was first published in English by the NSWP in partnership with Appropriate Health Resources and Technologies Action Group (AHRTAG), now Healthlink UK. It aimed to stimulate and guide rights-based responses to HIV that respect and involve sex workers. It soon became a key resource for NGOs, peer educators, human rights advocates and organisations, clinics, United Nations (UN) agencies, governments, students and policy makers. Later, it was translated, adapted and updated by sex worker networks in Latin America (1998), francophone Africa (2003), Asia and the Pacific and Ukraine (2006). Revising *Making Sex Work Safe* in 2011 is an opportunity to reflect on some of the changes that have occurred since 1997.

At the start of the HIV pandemic, the emphasis was on changing sexual and injecting behaviours to control HIV epidemics. Now anti-retroviral treatment (ARV) and medication that can stop mother-to-child transmission have changed the way HIV prevention and care are provided. The new challenge that has emerged in the last decade is to ensure that everyone has universal access – access to the information, services and medicines they need. This is a particular challenge for sex workers, whose access to services is limited by stigma, poverty and illegality. This is despite the fact that more than two decades have passed since these factors were recognised as sources of sex workers' HIV vulnerability.

The manner in which sex is bought, sold and traded has changed in many countries. This is a result of new communication technologies and geopolitical changes, including those propelling increased mobility. For some sex workers, these changes have bought positive opportunities. For others, they have led to abuse and subjugation.

Today, much more is known about the role of male, female and transgender sex work in HIV epidemics and the kinds of programmes and policies that can help make sex work safer. Now there are large-scale programmes addressing sex workers' health, social, economic needs as well as their human rights.



Global Network of Sex Work Projects
Promoting Health and Human Rights



Governments have increasingly committed to providing services for sex workers with support of UNAIDS, Global Fund to Fight AIDS, Tuberculosis and Malaria and other institutional donors. Strong networks of sex workers, service providers and advocates have developed in all regions, and the NSWP has considerably expanded.

Despite these encouraging developments some things have not changed. Stigma, discrimination and lack of protection from violence and human rights abuses remain critical issues for sex workers. Although these appear different in each setting, and some countries seem worse than others, more strategies are needed almost everywhere.

Sex workers do more than merely complain about human rights abuses and violence. There are many examples of ways sex workers actively struggle for justice, both locally and internationally. Apart from marches and protests, prayer meetings and theatrical

performances are innovative ways to draw attention to human rights issues. I particularly liked the symbolism used by sex workers in Kyrgyzstan who, expressing solidarity with Bolivian sex workers, protested against violence by wearing masks with the mouths sewn shut.

Globally, the trend is towards laws and policies that make sex workers even more vulnerable. Laws against buying sex, 'sexual exploitation' and HIV transmission, and laws aimed at stopping trafficking by eliminating all sex work, succeed as instruments of oppression, adding to the criminalisation of sex work. Although a few countries have improved their laws, such as New Zealand, which has fully decriminalised sex work – and although there is a degree of support for decriminalisation in others, the overall prospect is one of more repression.

Gender and sexuality issues continue to limit the success of HIV prevention efforts. In most places, it remains difficult to find counsellors, doctors, social workers

and other professionals who treat sex workers with equality and are comfortable with different kinds of sex acts, identities and preferences. Too often, safe sex messages are limited to telling sex workers to use a condom. Sex workers need a range of skills, tips, tricks and tactics to provide safe services, stay healthy and make sustainable income. The Asia Pacific Network of Sex Workers (APNSW) has a successful *Making Sex Work Safe* training workshop that addresses these issues. I am delighted to include this material, which reinforces the slogan 'Safety is More Than a Condom'.

A lack of resources for sex worker health remains a problem. An UN review in 2005 showed that HIV outreach prevention programmes, targeting female sex workers, reached only 33 per cent of this population. Most of these outreach teams are made up of unpaid sex workers. In addition, projects often struggle with inadequate supplies of condoms, lack of space and staff. Although HIV prevention and care programmes have expanded, spending millions of dollars

annually on preventing HIV among sex workers, virtually none of this money is being spent on activities decided by sex workers.

New HIV prevention technologies (NPTs) are an emerging challenge. Pre-Exposure Prophylaxis (PrEP – a pill taken before unprotected sex) HIV treatment for prevention, circumcision and vaginal microbicides are set to profoundly affect how sex workers can protect themselves from HIV, unwanted pregnancies and sexually transmitted infections (STIs). However, NPTs are not one hundred per cent effective against HIV. They may not always protect against pregnancy and STIs, particularly through anal transmission. Therefore, sex workers will need to continue to use condoms and may be at increased risk if they do not. Considerable planning is needed to ensure that sex workers benefit from these new technologies, while minimising the possible negative impacts.

Something that is unlikely to change is that sex workers are the experts on sex work issues. Today,

learning about and participating in the sex work debate is fortunately much easier via the internet. Information about the work of NSWP members, public health agencies, research and even small sex work organisations can be found online. I hope this book encourages those in the field to strive for better interventions and to join sex workers in their ongoing struggle for justice.



Cheryl Overs



Making Sex Work Safe is a work in progress. At the moment it contains only a few examples of sex workers' struggle for human rights and health globally but I hope it will expand in coming years to better capture the variety and scope of the sex workers rights movement. NSWP members who would like to add to the book or make any corrections or comments should contact the Secretariat to contribute to this process.

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Thank you

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This book is written as a general introduction to the challenge of making sex work safer. All reasonable precautions have been taken to verify the information contained in this publication, to ensure it is the best available at the time of publication. However, *Making Sex Work Safe* is being distributed without warranty

of any kind, either express or implied. Any information that is to be used should be checked against authoritative current literature. The responsibility for interpretation and use of the material lies with the reader.

Care has been taken to present material that is open source or has been authorised by the NSWP. The Google search engine was used to source and locate material. Corrections and additions are welcome.

Please note that many different people are quoted or depicted in *Making Sex Work Safe*. Unless specified, their inclusion does not indicate HIV status, sexual preference, or occupation. Nor does it imply agreement with contents of the book or any publication or resource listed in it.

How to use this book

Making Sex Work Safe in English is written for a broad audience, including people at all levels of understanding in English and those who do not read English. It aims to provide an overview of and introduction to the issues that affect the health and human rights of sex workers.

The text of *Making Sex Work Safe* is primarily aimed at people involved in providing services and mobilising around health issues. It discusses how commercial sex works, the range of sex workers' needs and safety in commercial sex. To supplement the text, there

are side boxes with pictures and captions or stories that illustrate examples of sex work programmes and actions.

The material in this book is based on inputs from NSWP member organisations, other websites and published material. Though there are some references, this book is not an academic publication presenting evidence. Rather, it presents the views of the sex worker health and rights movement. Readers looking for referenced material on sex work can go to the Paulo Longo Research Initiative (PLRI) website at www.plri.org.

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Section 1:

Introduction

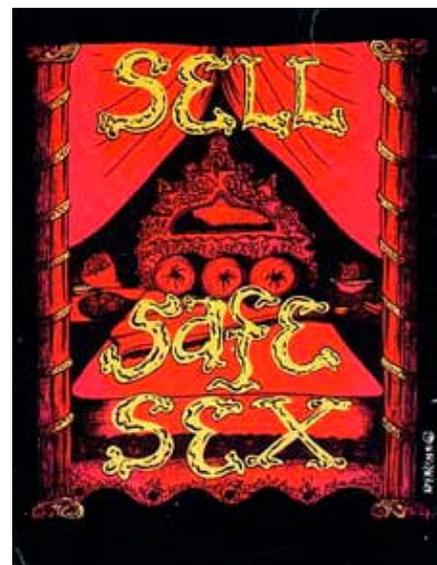
Can sex work be safe?

In general, sex workers have high numbers of sexual partners. But this in itself does not necessarily increase the chances of becoming infected with HIV. If condoms are used consistently and correctly, sex workers will not contract HIV – no matter how many clients they have. This means that sex work can be safe.

As the UNAIDS Guidance Note on Sex Work points out: “Comprehensive prevention and care interventions in sex work settings have been shown to increase condom use, access to services and reduce sex workers’ vulnerability... and have been proven to be an instrumental

part of many countries’ fight against HIV/AIDS.” However, sex workers are more vulnerable in some places than in others, because of circumstances which make it difficult to achieve safe sex or access health services. For instance, in places where there are no prevention programmes, the demand for unprotected sex is high and customers may offer more money for unprotected sex.

Condoms may not be used for many other reasons including not having a condom at the time of sex; trusting that the partner is HIV negative; lack of awareness about ways to prevent HIV/STIs and the client’s desire for flesh to flesh contact.



A poster, designed by Workers in Sex Employment (WISE), to go in the staff room of brothels.

The links between sex work and HIV vulnerability were recognised in the early days of the epidemic. And yet sex workers remain vulnerable and, in most parts of the world, do not have adequate access to HIV prevention, treatment, care and support. Less than 1 per cent of global funding for HIV prevention is spent on HIV and sex work, in spite of a known higher rate of HIV infection amongst sex workers than in most other population groups.



Sex workers in dozens of countries benefit from high standard, affordable sexual and reproductive health services. Convenient location and opening times and friendly staff are important. HIV testing and treatment, STI, tuberculosis (TB) and malaria diagnosis and care, contraception, child and maternal health are some of the services sex workers and their families can access. In Kampala, Uganda, this clinic regularly visits a community where most of the women sell sex.

Complex issues

Commercial sex raises complex moral, political and social issues. People that provide services to sex workers want to be sure that by making commercial sex safer they are not colluding with abuse. This is particularly important with respect to child sexual abuse or coercion and rape of adults. There are so many different stories told that it can be difficult to balance the issues and understand sex workers' realities.

Although some people are forced to sell sex and some choose to do it from a range of possibilities, these are two extremes. Experiences of sex work are diverse and most sex workers have mixed feelings about their work, in view of shame surrounding the business and on account of the discrimination they face. Probably, most would prefer other work, but continue to sell sex despite being able to stop. This is often because there are no better options or because, on balance, it is preferable to other available options. To work successfully with sex workers,

it is crucial to recognise the continuum of sex workers' views and experiences, rather than understanding sex work either as entirely 'forced' or completely 'voluntary'.

Many explanations have been offered as to why people sell sex. Perhaps the best is simply that while a demand for commercial sex exists, it will always be met. However, certain economic and social conditions can lead to a surplus of people selling sex in relation to the level of demand.

In a 'buyers market', prices are at their lowest, abuse is worse and unsafe practices are widespread. For this reason, development programmes that enable male, female and transgender sex workers in developing countries to access education and non-sex work employment, could help improve conditions in the sex industry.

Levels of demand for commercial sex vary greatly between countries. In some places, most men visit female sex workers.

In 2010, public security officers in Shenzhen, China, rounded up approximately 100 female sex workers and some of their clients and marched them through the streets. The women were handcuffed and clad in bright yellow prison tunics; large crowds of curious onlookers gathered to watch the parade. Although the women had been allowed to hide their faces with surgical masks, police later revealed their names, home towns and dates of birth as they were sentenced to 15 days in prison.



Making Sex Work Safe

Countries in Scandinavia and North America have tried to decrease demand for paid sex with female sex workers, by punishing clients or convincing them that paying for sex degrades women. But this has not led to

significant reductions in the size of the sex industry. Indeed, there are persistent reports from sex workers in Sweden and Norway that since sex work has become more hidden, it has become more dangerous.

A key goal of sex work related STI/HIV prevention and care should be to reduce the health risks associated with commercial sex. This must be done by ensuring access to appropriate HIV treatment and prevention and reducing vulnerability. Although some individuals and organisations believe that commercial sex is morally wrong or inherently harmful, and therefore should be abolished, the fact remains that in almost all societies, many sexual contacts between people are paid. Punishing sex workers or clients clearly fails to put an end to the sex industry. Similarly, programmes designed to assist people to stop doing sex work have had neither the desired effect of reducing the magnitude of the sex industry, nor of improving the quality of sex workers' lives. *Making Sex Work Safe* takes the NSWP position that sex work is work. It is within this context that human rights abuses, including forced prostitution, child sexual exploitation and violent coercion, must be addressed.

Migrants are more vulnerable than general populations to HIV, tuberculosis, hepatitis, STIs and other infections. This is not due to migration itself but to the combined effect of lack of access to information and services and to limited control over living and working conditions. Undocumented, or illegal, migrants have the least access to services, HIV testing and treatment and information and are most vulnerable to exploitation because they must avoid being arrested or deported. This can be addressed by policies that ensure human rights and access to services. TAMPEP provides such services to migrant sex workers throughout Europe.





“Rescue and rehabilitation of female sex workers is controversial because often sex workers are abused during police raids and held in very bad conditions against their will. The Sangram project in Sangli, India, raises issues about women’s choices in the concept of rehabilitation, questioning whether there is any discussion on choices, the options given to women facing rehabilitation, whether they are asked where they want to be relocated and with what resources”.

*Rehabilitation against their will?,
Vamps Vol 1 No 2.*

Terminology

Language has a significant impact on the way we think and work. Sex workers coined the term ‘sex worker’ as a less stigmatising alternative to ‘prostitute’ and to emphasise the labour-based nature of providing sexual services. Even though it is not easily translated to other languages, sex workers have often developed a local version to capture the same idea. The popularity and resilience of the term reinforces the consensus view of the sex workers’ rights movement: that defining sex

work as work provides a basis for organising. This position solves many of the problems associated with commercial sex, including strategies to lower HIV infection among sex workers and clients.

‘Sex worker’ is used in *Making Sex Work Safe* to mean male, female and transgender sex workers unless gender is specifically referred to. However, it is worth noting that male and transgender sex workers are increasingly categorised as ‘men who have sex with men’ (MSM). This has the dual effect of rendering them invisible in HIV-related

sex work programming and reinforcing the category ‘sex worker’ as exclusively female. *Making Sex Work Safe* avoids using judgemental language that casts sex workers as helpless victims, or condemns them and their associates. The term ‘pimp’ does not appear in *Making Sex Work Safe* because it is judgemental, ill defined, and often racist.

Where it is appropriate to focus attention on the fact that both buyers and sellers of sexual services are involved, the term ‘commercial sex’ is frequently used instead of ‘sex work’.

Principles

Making Sex Work Safe advocates that HIV policy and programmes should be based on rights and evidence. These are some of the key principles and recommendations of this book:

► Health and human rights

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Health is a fundamental human right.

Organisations should deliver holistic health services to improve the health of sex

Sex workers march to reduce violence and end human rights abuses.



workers, not with the sole intention of preventing sex workers from infecting clients, but because sex workers have a right to health. This involves a commitment to multi-faceted or comprehensive approaches that include HIV treatment, education, access to services and empowering activities to reduce vulnerability.

► Sex worker involvement

Ideally, sex workers should be involved at every stage of planning and implementing projects. They should be engaged as producers of information and services as well as consumers. This often requires capacity building and innovative ways of working.

► Informed consent, confidentiality and other ethical issues

Health tests should take place only if the nature of the test has been thoroughly explained and consented to. No information should be shared without consent and sex workers should not be enrolled in trials or research from which they do not benefit.



The sex worker association in Quito, Ecuador, assists the local municipal officials to consider where sex work should be located in the city and how it is best governed to protect and respect all interests.

Poverty, illiteracy, social marginalisation, human rights abuses and homophobia all contribute to vulnerability. Sex workers organise to address these issues and reduce their exposure to the conditions that prevent them from protecting themselves against HIV, STIs, violence and exploitation.



▶ **Accountability**

In any project there are several 'stakeholders' such as donors, local health authorities and sex workers. Each project should be clearly accountable to the various stakeholders. In particular, it is important to explore ways of becoming accountable to local sex workers.

▶ **Engagement**

There are a range of people who influence, and are responsible for, the way sex work is conducted, and they should be included:

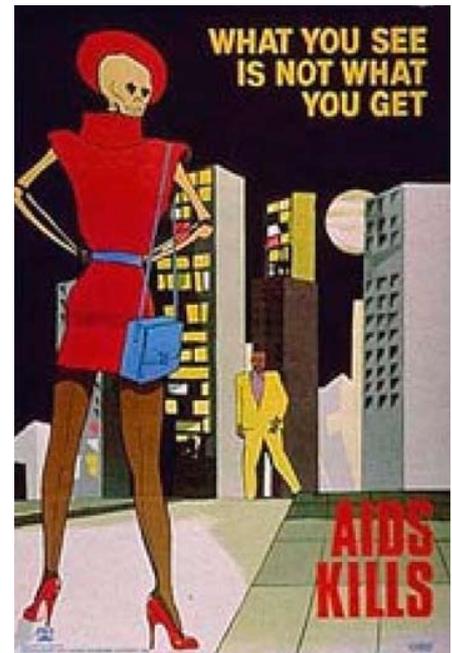
- » Clients (or men who might become clients);
- » Owners and managers of commercial sex establishments and meeting places;
- » People who help clients and sex workers contact each other;
- » Police and judiciary;
- » Health officials who establish policies that affect sex workers;
- » Community leaders and the media;
- » Neighbours, families and other personal contacts.

▶ **Challenging discrimination**

Since vulnerability to HIV and STI is worsened by stigma, violence and discrimination, projects within marginalised communities must challenge discriminatory attitudes, policies and practices, and take strong measures to address violence.

▶ **Respect for sex workers' priorities**

Often health is not the main concern of sex workers, who may be experiencing violence, poverty and legal and social persecution. The most successful health programmes are delivered within a framework that reflects sex workers' priorities and their perceptions of their needs.



These are examples of actions that can create barriers that prevent sex workers from establishing trust in service providers:

- Outreach teams involving law enforcement officers (even if only in a support role);
- Law enforcement officers taking sex workers to clinical services for testing or inspecting medical documents;
- Test results being released to the media or other third parties;
- Health services focusing only on keeping sex workers free of sexually transmitted infection, while failing to address their sexual and reproductive health issues and primary care needs;
- Public health and social services that provide a discriminatory and judgmental service to sex workers and a lack of effective referral networks to provide equitable access and treatment for sex workers;
- Educational material that stigmatises and blames sex workers for HIV.

Community mobilisation

Sex workers mobilising as communities has been key in making health programmes successful and sex work safer. Over the past twenty years, sex workers in dozens of countries have joined or formed collectives, unions and non-government organisations (NGOs). Some groups have come together to address human rights, law reform and work conditions. Some are self-help groups and others provide services that address sex workers' social or economic needs.

There are regional networks of sex work projects in Africa, Latin America, Asia and the Pacific and Europe. RedTraSex is a network based in Argentina open to female sex work projects in Latin America.



Solidarity and self-organisation can help to overcome lack of self-esteem and other effects of isolation, marginalisation and stigma. Belonging to a community that provides some relief from social disapproval can help sex workers plan and control their lives, and make use of resources more efficiently. Several studies show, not surprisingly, that vulnerability to HIV and exploitation is lower among sex workers who have family and community support and access to organisations such as clubs, banks, schools and religious institutions.

Organising to improve labour conditions in the sex industry can help to promote safe sex and sustain safer working conditions. This usually results in increased sex worker control over their working environment. Some sex worker organisations have evolved into powerful self-advocacy forces. They actively challenge sex industry bosses and clients, as well as politicians, police and others they view as contributing to sex workers' vulnerability.



In 2007 over 50 sex workers in El Alto, Bolivia, staged a sit in and hunger strike to defend their right to work. A number of women sewed their lips shut in protest; others threatened to march naked through the streets. Bars and brothels in the city had been forced to close after protests from local residents and student groups, who complained that they were magnets for lawbreakers and a bad influence on children.

Working for and with sex workers

No single type of organisation has proven universally successful in providing services for sex workers in all settings. Self-help groups, family planning clinics, hospitals, social assistance agencies, universities, MSM projects, condom marketing companies, faith-based organisations and associations of sex workers have all worked effectively in the area. However, sex worker participation and respect of sex workers' rights are universal features of this success. To achieve success, it is necessary to understand the sex business, sex workers and clients.

While peer workers form the core of HIV prevention interventions in sex work settings, others should be involved as well. A range of community stakeholders – from owners and managers of bars, hotels and brothels to police and social workers – should be regularly informed of project

activities, and encouraged to provide appropriate support. Health care workers may be directly involved in providing services or may see sex workers and clients by referral.

People who are going to work with sex workers must be carefully selected and trained. The Centre for Advocacy on Stigma and Marginalisation (CASAM), a project of Sampada Gramin

Mahila Sanstha (SANGRAM) in India, has produced particularly good training courses for project workers. Clear guidelines and rules must be in place to ensure that sex workers are treated fairly in the project. Above all, sex workers must be respected and listened to carefully.

There are innovative and effective sex work projects in all regions of the world.



Casa Xochiquetzal provides a space for older sex workers in Mexico.

Daspu – Brazil

Interview with Jane Eloi, prostitute and member of Daspu

Jane Eloi is 32 years old, HIV positive, a widow, and the mother of three children, none have been infected by the virus. It was from her husband, the only person with whom she had unprotected sex, that she became infected with HIV. When she found out that she had the infection in 2005, she became suicidal.

“I wanted to die. I spent all day in bars in Praça Tiradentes (Rio’s urban centre), doing nothing but drinking, in desperation. One day, Doroth from Davida, who I didn’t know, came to speak to me in one of the bars. She told me that that she’d been watching me for some time, and invited me to see the NGO where she worked. I went because I had nothing better to do.

“Over there I met other prostitutes and I realised that I had the right to a bit of dignity. Everything changed. I discovered that I had rights, like everyone, in particular the right to anti-retroviral drugs given out by the government.



Meet Jane: prostitute, mother and model.

“Today I work with the organisation to make our rights known, I distribute condoms, and I look after my colleagues when they need me.”

Jane also takes part, in full humour, in the Daspu fashion shows. “Last year we were invited to participate in the São Paulo arts biennial by an artist [Tadej Pogacar]. I turned up in a superb wedding dress, made out of only hotel sheets and condoms. It was brilliant.

“Of our most memorable appearances, Rio fashion week was the best. While the world’s greatest designer names gathered at the Marina de Gloria, our girls

organised their own parade in the red light district at Praça Tiradentes. The next day in the paper, there was a huge photo of me next to one of the top model Giselle Bündchen. It was incredible. We couldn’t stop laughing. That was my moment of glory. I never dreamed of anything like that. Me, a girl from the street, sharing a page in the paper with Giselle Bündchen.

“But we still suffer from discrimination and violence. Yesterday, some boys took to a group of transvestites with a fire extinguisher. The transvestites had approached the car

unknowingly. Some of them fell and were injured. I don't know what's up with that kind of people. I despair at these young rich boys.

"I'm very moved to be with all the prostitutes of Davida de Daspu, with the whole Brazilian community of prostitutes... to fight for our right to sexual liberty. So that we can practice sex in peace. In Rio and the rest of Brazil, without discrimination. We are, and will always be, together.

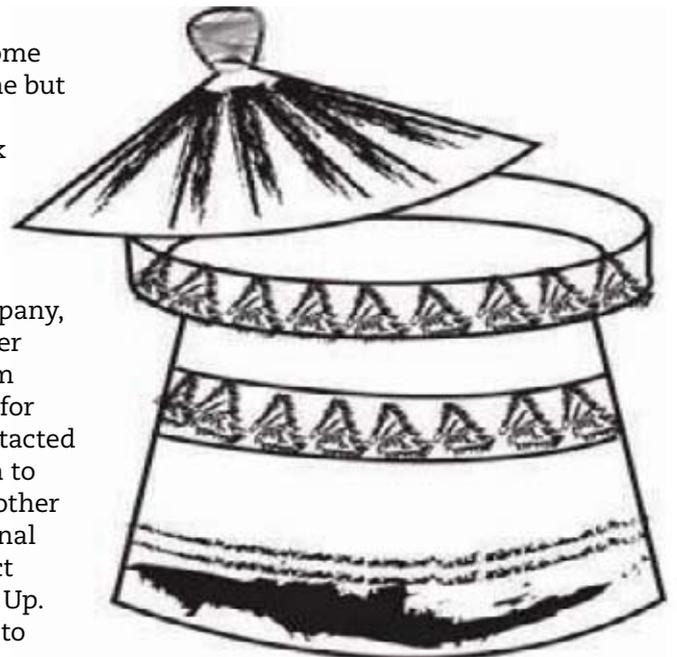
"We're prostitutes who've been brought together by the NGO 'Davida', and we love fashion. We discuss patterns, we draw up the designs and sometimes we even sew the clothes ourselves. We make street-wear (to use in the day or at home), leisure-wear (for the beach, the park or the garden), and fancy clothes (for parties or a carnival). These clothes protest, they stand for the respect of our human rights, and they promote the prevention of sexually transmitted diseases. Here, we don't discriminate against women in other professions, or men. In the end, we've always worked in fashion. But now, we're really excelling ourselves in the field."

Nikat – Ethiopia

A collective of 12 women named Nikat had been operating for two years from a very basic building donated by a local authority near a slum in central Addis Ababa. They had been trained as peer educators but their main activity was cooking injera, the main local dish, for delivery to businesses and to serve directly to the public at lunchtime.

This was providing some supplementary income but not enough to enable them to stop sex work (3 women over 40 years of age had stopped). In 2006 a condom social marketing company, DKT, established a peer education and condom distribution program for sex workers. DKT contacted Nikat and asked them to provide training and other support to their national HIV prevention project for sex workers, Wise Up. Nikat was contracted to

open a drop-in centre providing sexual and reproductive health services and emergency shelter for sex workers. This additional source of income made the group more viable and for the first the members began to earn the same, or more, than they had made from sex work. Nikat has now expanded and operates a range of services and a drop-in centre.

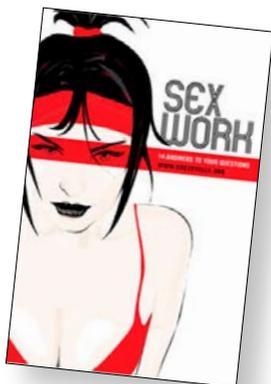


Stella – Canada

**Sex work:
14 answers
to your
questions**

This booklet is intended for social services and health professionals, police officers and community workers, as well as people from the media, the justice system and the government. Its purpose is to shed light on some preconceived ideas about sex work, increasing awareness and reducing ignorance, and to suggest a few ways to improve services offered to these women and to support them in a respectful and empathic way.

As professionals, we can do a lot to help sex workers benefit from prejudice-free public or community services. We can take action to oppose stigmatisation in our environments and make better-informed interventions to properly fulfil these women's needs.



STAR – Macedonia

STAR – Association for Sex Workers' Rights (Macedonia) is a group of community activists and rights advocates who aim to unite male, female and transgender sex workers in Macedonia.

The group organises self-help meetings and demonstrations to raise awareness about sex workers' rights, and cooperates with artists, musicians and journalists to change the attitude of mainstream society and police towards sex workers. STAR works in close partnership with the Healthy Options Project Skopje (HOPS) and is a member of the Macedonian Sexual Health and Rights Coalition. The group issues a newsletter prepared by and for sex workers, which covers local and international news, health topics and human rights issues in the context of sex work.

The night before December 17, 2008, STAR covered the walls, tree trunks and street lights with posters that said "Rights, Not Violence". In the morning the citizens of Skopje woke to a

colorful change that screamed into their faces about violence and discrimination.

For the December 17 action in 2008 the same group wrote and recorded their first song. Sex Workers' Army is a full length track which can be also used as a ringtone.

STAR has also cooperated with artists to prepare an art exhibition about sex work titled *My Body, My Choice*.



Casa Xochiquetzal – Mexico

A refuge, named Xochiquetzal after the Aztec goddess of beauty and love (who was also the patron of prostitutes), houses 25 former sex workers over the age of 60 in Mexico City.

In the words of a sex worker at a benefit for the retirement home: “Other people pay taxes and can retire with a pension. We are exploited by society then thrown away when we get old.” When sex workers in Mexico City get older, they are often forced to sell themselves very cheaply, or face going without food or shelter. One 74 year-old sex worker explains that her clients often refuse to pay her, so she is forced to work for food.

In 2007 Reuters did a profile piece on Casa Xochiquetzal, including an interview with the sex worker who made it happen.



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The Xochiquetzal residents range from cheerful ladies with part-time jobs to frail older women. Many entered the sex trade as young women after being abused and carried on through middle age while sleeping on some of the capital’s grimmest streets.

“Every day a sex worker reaches old age and finds herself in the same situation,” said Carmen Munoz, who had the idea of opening the home and now runs it. The women all have beds at the shelter and receive three meals a day and the services of a psychologist. Munoz, a prostitute for 30 years, was lent the colonial-era house in the crime-ridden neighborhood of Tepito by the left-wing city government. She renovated it with a housing ministry grant, painting it bright yellow and restoring a fountain in a central courtyard.

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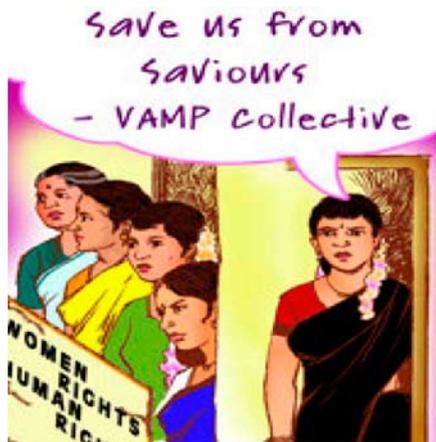
BHESP – Kenya

The mission of the Bar Hostess Empowerment and Support Programme (BHESP) is to influence policy and facilitate provision of quality health services, human rights awareness, legal services and economic empowerment for bar hostesses and sex workers.

Its objectives are to serve as a focal organisation and voice for bar hostesses and sex workers by providing them with information and links to services on key issues that affect them. BHESP also promotes self and behaviour change and strives for justice and welfare of bar hostesses and sex workers in Kenya and supports them to claim their rights.

Adapted from a PLRI interview with Penina Mwangi, 2011





VAMP – India

Veshya Anyay Mukti Parishad (VAMP), under the umbrella organisation of Sampada Gramin Mahila Sanstha (SANGRAM), has managed peer education programmes in six Indian districts since 1992.

By creating a ‘common identity’, VAMP aims to empower sex workers to make decisions for themselves. VAMP has been

successful in advocating for women’s and sex workers’ rights, running peer intervention programmes and helping to end stigma in the communities in which they work. Other programmes include support groups for men who have sex with men, services for orphans and widows, and outreach efforts with rickshaw drivers about HIV and STIs. VAMP has also established committees to discuss issues such as raids, police brutality and condom availability.

Sex Workers Project – New York City

Using human rights and harm reduction approaches, the Sex Workers Project (SWP) protects and promotes the rights of individuals who engage in sex work, regardless of whether they do so by choice, circumstance, or coercion.

In addition to providing direct legal and social services to over a hundred individual clients a year in immigration, criminal legal, civil and police misconduct matters, they offer ‘know your

rights’ training for sex workers and people who have been trafficked, and conduct training and outreach to service providers and community organisations who may come into contact with trafficked persons or sex workers.

Their direct service and human rights documentation work enable them to provide unique and critical information, analysis, and practical recommendations for policy advocacy at the local, state, federal and international level, aimed at securing systemic change grounded in the experiences and concerns of their constituents.



Mplus – Thailand

A community for gay, transgender and male sex workers in Chiang Mai, Thailand

Mplus works with adult gay, transgender and male sex workers in Chiang Mai, Thailand, to promote community and HIV/AIDS awareness.

According to Drop-In Clinic Manager Pad Thepsai, many mainstream doctors and nurses don't understand or accept the gay/transgender/male sex worker lifestyle; Mplus has become a 'second home', he says, to this client base. They have a free internet cafe, a small gay-centric library, monthly Gay Movie Nights and a free drop in clinic for STI and HIV screening. Researchers from over 50 countries have visited Mplus to learn about their client base.



© Tim Matsui

Evidence from Mplus, supported by data collected by the Thai Ministry of Public Health in 2003, suggests that roughly half of Chiang Mai male sex workers are immigrants, of which more than half are Shan from Myanmar. As well as coming from an economically depressed region, the Shan are one of the groups being persecuted by the Myanmar government; many illegally immigrate to the more prosperous Thailand.

SWAN

Sex Workers' Rights Advocacy Network (SWAN) is a network of organisations and initiative groups in Eastern and Central Europe and Central Asia.

This project was initiated by the Hungarian Civil Liberties Union (HCLU/TASZ) in 2006 with the support of SHARP/OSI. Currently SWAN unites NGOs and sex workers' groups from 16 countries of Eastern and Central Europe and Central Asia (Albania, Bulgaria, Czech Republic, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Macedonia, Montenegro, Poland, Romania, Russia, Serbia, Slovakia, Ukraine). SWAN aims to unite and develop information exchange between its members in the 16 countries and to encourage NGOs to involve sex workers in their projects and initiatives. SWAN aims to empower sex workers and involve emerging sex workers' activist groups in advocating for their own rights and health,



since nobody knows the problems sex workers face better than sex workers themselves. It also aims to share best practices, advocacy techniques, and media communication; to facilitate the exchange of local news; and to establish a bilingual flow of information on health and rights issues on an international scale.

SWAN organises journalist sensitisation seminars, has run sex workers' advocacy training sessions in close partnership with the International Committee on the Rights of Sex Workers in Europe (ICRSE) and works to raise public awareness around human rights abuses in the context of sex work to initiate discussions and legislation changes.

Wonetha – Uganda

Vision: To unite sex workers; to improve living and working conditions and to fight for equal access to rights so that sex workers' human rights are defended and protected.

Mission: To work with adult sex workers; organise sex workers to claim their rights; call for decriminalisation of adult sex work; promote access to health, legal and social services; and promote safer sex practices and sex workers' health and well being.

The Ugandan sex worker-led organisation Wonetha was established in August 2008 by 3 passionate and determined sex workers who have faced harassment, insults, stigma, discrimination and arrest without trial by misinformed societies and who have been stirred into responsive action concerning the plight of other sex workers in the same working conditions.

At different times, each of these women joined an organisation that claimed to protect and empower commercial sex workers, and



assist them to find better sources of income. Social stigma issues were not addressed [but] each of the women was given different opportunities to continue their education, attend conferences, build advocacy and writing skills, reach out to other commercial sex workers, and stand in solidarity with women late at night in Kampala's brothels and streets. However none of the members ever received what they were promised. Through this time, the three women were connected by their commitment to improving the self-esteem of women sex workers and breaking the stigma around sex workers.

Making Sex Work Safe

DMSC – India

Ever since 1997, when Durbar Mahila Samanwaya Committee (DMSC) activists brought up the issue at the First National Conference of Sex Workers, DMSC has grappled with the problem of underage girls trafficked into sex work sites and of unwilling women duped, coerced or forced into sex work. DMSC is active in addressing and challenging the structural issues that frame the everyday reality of sex workers lives as they relate to their material deprivation and social exclusion.

DMSC stands against any form of exploitation and infringement of rights of human beings that includes sex workers and their children. DMSC is explicit, too, about its stand vis-à-vis forced or coerced labour in any form. If sex work is work like any other, then it must be subject to certain norms and conditions, decided upon and enforced by the workers in the sector, that must be fulfilled before anyone can start as a sex worker. Hence, DMSC is strictly against trafficking of minor girls and unwilling adult women into sex work. It is also DMSC's experience that the Immoral Trafficking (Prevention)

Act (IT(P)A), as enforced by the police, is insufficient to combat trafficking with any great success. Therefore, DMSC felt the need to set up Self Regulatory Boards (SRBs) in sex work sites. DMSC reasoned that these SRBs would serve as a double check to prevent the entry of minor girls and unwilling adult women into sex work, control exploitative practices in the sector, regulate the rules and practices of the trade and institute social welfare measures for sex workers and their children. DMSC also believes that while illegal movement of people across international borders maybe prevented (to some extent) by enforcement agencies and border police, intra-country movement cannot be prevented in this fashion. Moreover, there was no existing effective mechanism to combat trafficking in destination (sex work) sites and only a committed group of sex workers could prevent entry of trafficked underage girls or unwilling women into the sex sector.





Bliss Without Risk – Czech Republic

For many years sex workers in Prague have participated in stage performances, sing songs and shows together with *Rozkos bez Rizika (Bliss Without Risk)*, a Czech NGO which provides health care services for sex workers. *How about the Men* features three characters, two sex workers and a female academic who has come to find out about using vibrators. The play deals with estrangement between men and women as a result of such discovery.

Each play receives its premiere at the annual AIDS, Drugs and Us Conference held at the Pobebrady Spa, about 30km outside Prague. Anybody can come to watch and admission is free.

Tais Plus – Kyrgyzstan

NGO Tais Plus (Kyrgyzstan) was founded upon an initiative and financial support from sex workers in 1997. The NGO is doing a lot to raise the awareness of the Kyrgyz population through various seminars, training and fieldwork – which consists not only of distribution of the information materials and condoms, but of provision of education sessions as well.

The main objective of Tais Plus is to develop a community organisation capable to advocate for the interests of sex workers and for the rights of people living with HIV/AIDS. Today the organisation has 23 employees, only 4 of which do not have experience in sex work or are not family members or clients of sex workers. The Board of the organisation consists exclusively of sex workers.

Participation of sex workers in managing the organisation ensured that protection of their interests would remain

an organisational priority. It was crucial in many delicate situations, such as HIV testing in remote Kyrgyz regions. The decision to have maximum possible financial independence allowed the organisation to survive in the times of unstable funding. A unique system has been developed, motivating the employees to work on voluntary basis.

The advocacy campaign, launched by Tais Plus in the beginning of 2006, was recently successfully completed with the decriminalisation of sex work, in spite of the opposition from the parts of the Government and reactionary clergy. This achievement is a result of Tais Plus working directly with selected Members of Parliament and parliamentary commissions.

Тайс Плюс



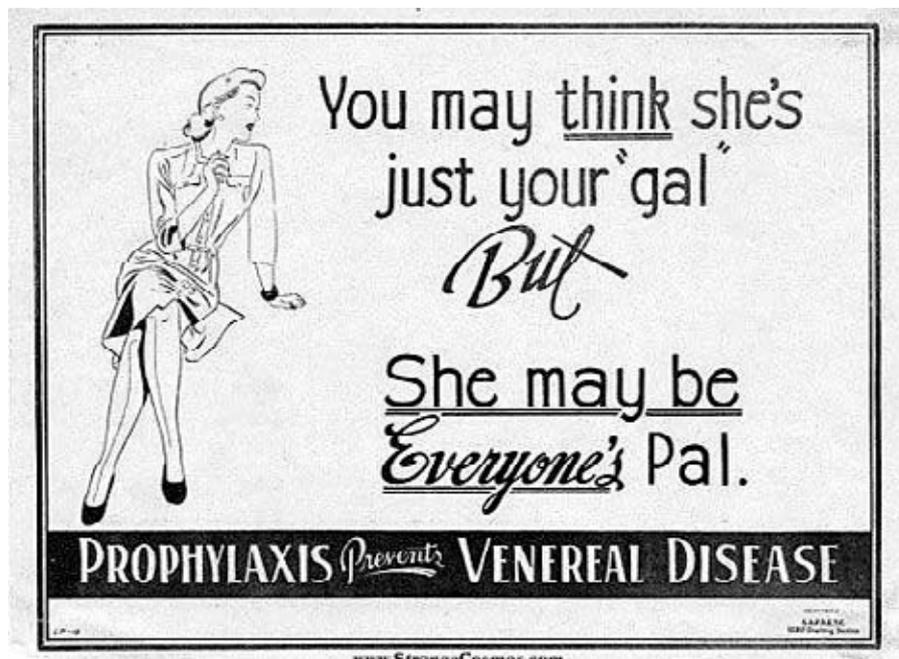
Section 2:

Understanding sex work and sex workers

Sex has always been bought and sold, in different ways, in every culture. Although commercial sex has always existed, there have been very few times and places in which sex workers have been free from persecution. HIV is the most recent issue in the long barrage of recurring moral and practical questions and conflicts around prostitution.

The ancient Romans restricted brothels to special areas after discussions, remarkably similar to those taking place today, of ways the sex industry might be appropriately controlled.

Sex work in Europe and the colonies, at least by women, was considered a public health problem throughout the 19th century. It became less of a concern in the 20th century, as management of sexually transmitted infections improved, methods of contraception became more available and a more liberal view about sexuality emerged. However, the advent of HIV refueled concern in the later part of the 20th century and, once again, public health began to dominate the discourse of commercial sex.



Sex workers have always been blamed for spreading sexually transmissible diseases and this has often been reflected in public health campaigns. However we now know that good public health is based on understanding and respecting sex workers as human beings who work and live in families and communities.

At the time when HIV was first identified, sex workers were immediately named as potential carriers of a fatal, sexually transmissible disease. This reaction had immediate consequences. It was clear that sex

workers, and possibly their clients, would be vulnerable both to HIV and related discrimination. It was obvious that interventions would be needed, but there was little information about strategies to locate or work with sex workers.

“The factors that can increase sex workers’ vulnerability to HIV infection are often the same factors that cause an individual to enter sex work.”

Sex Work and HIV/AIDS – Technical Update, UNAIDS, June 2002

People in sex work and sex work settings

Sex is bought, sold and traded in thousands of different ways and new configurations are emerging all the time.

While most cities have a mix of several types of sex work, sex work in smaller communities, such as rural areas and islands, is usually more discreet. Sometimes, the sex industry setting is quite public and visible, seen in the example of brothels and street sex trade. If it is more hidden, it is usually to avoid police attention and societal condemnation. People frequently sell sex in places where men congregate, such as truck stops, mines or large settings where there are migrant labourers. Military bases, war zones and commercial centres frequented by single male travellers are common sites for sex work. There are telephone and hotel operations that rely on word of mouth and services disguised as entertainment such as striptease, restaurants, karaoke, cinema, hairdressing, massage parlours or domestic service. Usually, these disguises are thin and the true nature of activities is well known, if not articulated. Men sell sex in the same ways as women: through commercial sex venues such as

brothels, bars, escort agencies and gay saunas; and at informal 'cruising' areas like parks, beaches, swimming pools and public toilets.

Mobile phones and the internet have influenced the way sex workers and clients meet, even in many resource-poor settings. Cheaper transport and political changes have created new migration routes, increasing the mobility of all workers, including sex workers. Increased business travel and tourism have expanded commercial sex industries in some places.

The people who sell, buy or broker commercial sex come from various backgrounds and some are more visible than others. For example, street sex workers are more visible than those who work in hotels or for escort agencies. Just as ways in which sex is sold varies, so do the lifestyles and characteristics of sex workers, their clients and others in the sex industry. Sex workers' control over their work varies too. It can be influenced by age, ethnicity, education, how they became involved, personality and even by luck.

Sex work entails fluid and complex patterns of behaviour and power

relations, and the range of people involved is often broader than anticipated.

While some people sell or buy sex within a structured sex industry, others do so independently and occasionally, when the opportunity arises. Some look at selling sex as generating regular income, while others view it as raising extra money, or saving money by trading sex for necessities. Sex can be sold in emergency and conflict situations. Different interventions will be needed depending on each setting, so careful planning and community consultation is required. In some cases, the label 'sex worker' may be alienating.

Sometimes the sex industry is quite open but in many places it is hidden or disguised as entertainment, massage or other personal services.



Transgender sex workers

‘Transgender’ is a term to describe people born as one sex who live some, or all, of the time as the other gender or identify themselves as a third gender. There are as many different kinds of transgender people as there are vernacular terms of describing and understanding them. For example, transgenders are known as Travesti in some parts of Brazil, and Hijra, Aravani and Jogappa in different parts of India.

Transgenders in the sex industry are mainly male to female, although female to male transgenders do work as male sex workers or have female sex workers as partners.

Although some male to female transgenders undergo sex change or cosmetic surgery, usually they feminise their bodies by using cosmetics, clothing and accessories, sometimes taking hormones to alter secondary sexual characteristics.

Discrimination often makes it hard for transgender people to find employment other than sex work. Transgender sex workers face similar issues to female

and male sex workers, but have additional needs and issues.

Transgender sex workers have a range of particular, general and sexual health care needs. They can be more vulnerable than other sex workers to STIs, HIV, violence, mental health problems, drug addiction, TB and Hepatitis C Virus (HCV). There can be barriers to accessing medical care, including HIV treatment, due to the double stigma of sex work and transgender identity and the cost of treatment. For example, many transgenders avoid seeking health care, because they have to resume their biological sex status to be accepted into medical services. This can be distressing.

Access to civil and legal rights for those who want to change their legal name and status to match a felt gender identity, is crucial. In some places, it is possible to change details on personal documentation such as passports, but it is almost impossible to alter a birth certificate. At present, only some countries allow changes to a person’s civil status and only after undergoing sex-change surgery. Many transgender people do



In South Asia ‘hijras’ are a traditional third gender community who live and work collectively in small groups. They conduct ceremonies at births, deaths and weddings, and perform traditional roles as entertainers in addition to sex work. Hijras can be seen in public throughout South Asia.

not want, or cannot afford this. In some countries, sex change surgery is illegal.

Violence, including rape, is of great concern to transgender sex workers. Transgenders are increasingly self-organising and advocating against violence, and many are active in local sex worker groups or HIV prevention projects. Some health projects have found that links with transgender sex workers can be developed by providing specific legal and support services, including primary health care, self-defence, safety skills and access to post-trauma support.

Female sex workers

Men buy sex from women in every country. However, womens' economic position in any given society plays an important role in determining their vulnerability in commercial sex situations. It determines the number of women who sell sex, the price of sex and the conditions in which it is sold.

There is widespread consensus, among both sex workers' organisations and anti-prostitution activists, that poverty and violence are two key factors in creating an



oversupply of commercial sex. This leads to low prices, poor conditions and a higher probability of unprotected sex being sold.

Undoubtedly, the more oppressed and abused women are, the more vulnerable they become to HIV. Gender inequality fuels vulnerability to HIV and human rights abuses of girls and young teenagers, displaced women, women in conflict zones, migrants and mobile sex workers. It is usually beyond the scope of HIV programmes to respond to all of these issues. Having said that, the most effective services do address these issues by, for example, supporting sex workers to organise and linking them to agencies that can provide support. NGOs have an important role in facilitating both the self-organisation of sex workers, and those sex workers' organisations contributing to policy discussions.

Sex work is often associated with massage. Female sex workers may find it difficult to insist on condoms if they must pretend to offer only massage. Some women prefer to provide sex only with a massage because it is less physically demanding.



Sex work takes place in bars, truck stops and hotels throughout Africa.

Truck stops on every continent are used for commercial sex.



Male sex workers

Male sex workers, often less visible than female sex workers, can be more difficult to reach.

This lack of visibility is usually related to taboos around sexuality in general and homosexuality in particular. In addition, it could be linked to the existence of established 'underground' spaces for homosexual networking in some countries. This is more so in societies where homosexual sex work is not culturally tolerated, or where sex between men is illegal. Hence, a lot of male sex work is informal with men giving gifts or other resources to a sex partner, rather than a fixed rate for a set service and time. Although

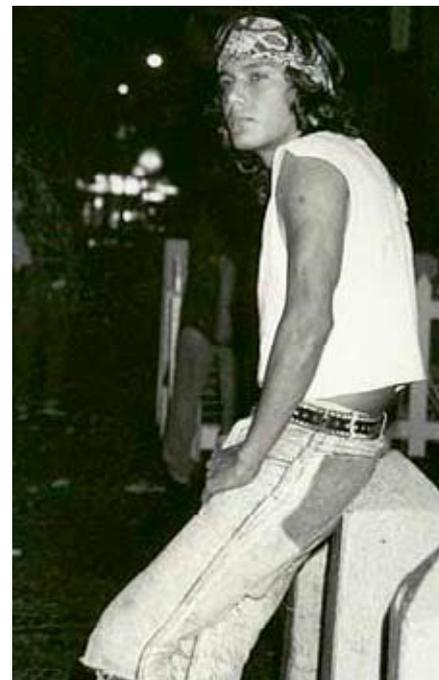
A message on a body: male sex workers suffer from discrimination, violence and legal persecution too.



women's demand for commercial sex is evidently lower than men's, it is widely known that men are selling sex to women in tourist destinations in Asia, the Caribbean and West Africa. The clients are female tourists, predominantly from Western nations.

Clearly, issues of sexual desire are distinct from the matter of selling sex. Contrary to common belief, male sex workers are not always homosexual. They can be heterosexual, maintaining relationships with wives and girlfriends and having sex with men for money. For others, selling sex is an opportunity to explore their sexuality. Likewise, male sex workers procuring business from female tourists may not necessarily be exclusively heterosexual. Indeed men who sell sex to men procure business from female clients as well.

Cultural attitudes, law and policy shape the conditions in which male sex work takes place. This impacts on accessibility to public services, legal and social support. For example, in some settings, police are more concerned with surveillance of female sex workers,



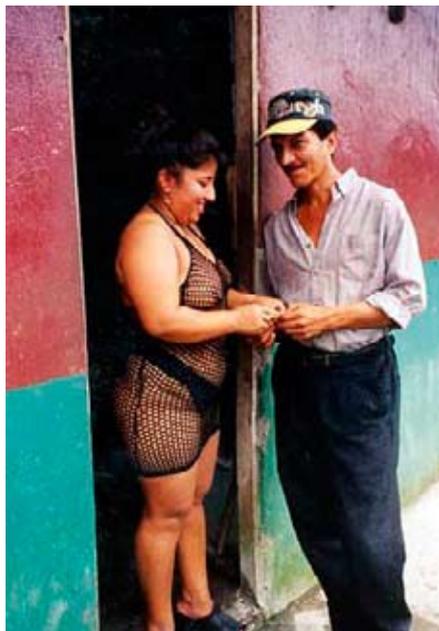
Male brothels, escort agencies and other overt sex work establishments exist in some places, but male sex work takes place on the street almost everywhere.

while in places where sex between men is particularly repressed, male sex workers may face more harassment from the police. In cultural contexts where unrelated men and women cannot be seen together, it is often easier for a man to purchase sex from another man, than to access female sex workers.

Clients

One of the most frequent questions about sex work is why women sell sex. Few people ask why men buy sex. Similarly, HIV programmes often focus exclusively on sex workers rather than on the clients, who generate demand for unprotected sex.

The majority of clients are working men, particularly mobile workers. Some visit for a chat and to socialise as well as for sex.



Again, the question “How can we get sex workers to use condoms?” is often asked of sex workers, but less frequently of clients. This may be because clients are perceived as too large a group to reach, or because their behaviour is seen as fixed.

Men pay for sex for a variety of reasons. Some want to have sexual relations without emotional ties, or enjoy the thrill of illicit or forbidden sex. For others, it may be the only sex available because they are unmarried, away from women or from their partners. Some men fulfil sexual fantasies in paid sex or have sex they cannot have with wives or partners. Others want to learn about sex, are looking for the illusion of love or proving their masculinity or power. In countries where there is no ‘gay scene’, men who desire sex with transgenders or other men are required to pay for this. Commercial sex can be very important for disabled men, when disability evokes strong negative responses in the marriage market.



Women buy sex too. Some men sell sex specifically to women, but many who mainly sell sex to men also have a few female clients.

HIV positive sex workers

There are sex workers living with HIV throughout the world. However, the extent to which HIV is transmitted in commercial sex varies according to many factors, including HIV prevalence among the general population and social and economic conditions.

Overall, the proportion of sex workers living with HIV is usually lower than in other key populations such as drug users or MSM. However, commercial sex usually accounts for far more 'risk acts' and therefore has the potential to lead to higher numbers of new infections. This is a strong argument for providing HIV positive sex workers with specific support.

Laws and policies, aimed at preventing women living with HIV from selling sex, further stigmatise

Counselling for HIV positive sex workers is very important. It must be provided in privacy by a trained counsellor. Above all, it must be confidential.



sex workers. Criminalising sex workers in consensual unprotected sex unfairly shifts responsibility from clients and prevents sex workers' access to services. Not only this, it undermines HIV prevention messages that equate safe sex with condom use.

The effect of a positive HIV diagnosis is to plunge many sex workers into poverty, because they lose their livelihood along with incurring more medical expenses. A study in Andhra Pradesh, India found that female sex workers' sources of income sharply decreased after being diagnosed as HIV positive. Interestingly, it was daily wages from their other sources of work that fell, making women more dependent on sex work for their income. Additionally, most of the women that continued in sex work earned less because of a decrease in working hours and the number of clients served.

Sex workers who want to stop selling sex after an HIV diagnosis rarely receive appropriate support from NGOs. The kind of income generating activities offered by NGOs to sex workers, such as handicrafts and sewing, rarely offer enough as an alternative



Photo courtesy of Tapologo Films

Sally Gutierrez Dewar's film Tapologoá tells the story of a group of HIV positive sex workers in South Africa's Freedom Park squatter camp who become home-based care-workers for neighbours living with HIV.

livelihood. Many sex workers have come up with their own creative solutions. A common strategy is to move into other work in the sex industry. Some sex worker communities and businesses support HIV positive women to do this. A collective of HIV positive sex workers in Mysore, India for example, have set up a highly successful restaurant. In South Africa, a similar group formed a care team for people living with HIV.

MYTH WARNING! Remember that people with HIV can have sex without infecting others or placing themselves at risk. Just because a sex worker is living with HIV does not mean that he or she is passing the virus to uninfected people.

Sex business managers and staff

Formal sex work usually involves more people than just the sex worker and their client. There are the management and staff of commercial sex venues; support staff such as maids, cleaners, receptionists, security staff and drivers; vendors, tourist guides, touts and hotel staff.

In more informal settings, families may play these intermediary roles. Some provide protection, spaces to work in and services such as helping sex workers meet clients or moving them to other places. Such people are sometimes called 'third parties' or 'gatekeepers', but these terms can misrepresent

the diversity of people and the multiple roles they often fill in the sex industry. For example, police officers, often belonging to the same communities as sex workers, can be both a major client group and operators of the sex industry.

Some, but not all, of these relationships are exploitative, and sex workers may have little protection, even in their own communities. Sex work projects have to be sure they are not colluding with abusive sex business managers and, importantly, need to engage and convince sex business managers and staff to work towards a healthier, more profitable sex industry for all.



This stereotype of the pimp is far from reality. Many different kinds of people operate sex businesses or work in the sex industry. Some exploit and abuse sex workers and some do not. Projects working with sex workers must take care to understand these dynamics before forming any views.

The Panel of Infamy – World's Most Notorious Whores – at the 1997 International Conference on Prostitution (ICOP): (left to right) Margo St. James (US), Helen Buckingham (UK), Dolores French (US) Xaviera Hollander (the Happy Hooker) (Netherlands), Cynthia Payne (UK) and Norma Jean Almodovar (US).



Families, partners, children and community

Some sex workers enjoy supportive relationships with families, partners and other community members, who contribute significantly to their well-being and safety. Others are mistreated by the people closest to them, forced into sex work, or rejected for doing sex work. Some sex workers report abuse and extortion by family and community members.

Private sexual partners play an important role in sex workers' lives and their health. In some countries the STI rates remain high, despite female sex workers

Families, partners, children and community sex workers live in communities. This community in India is celebrating a religious holiday.



using condoms with clients. This suggests that unprotected sex with private partners may be a significant source of STIs. Recognising this, many sex work projects and clinics have made STI treatment accessible to sex workers' partners.

Sex workers' children are often rejected, stigmatised or prohibited from attending schools or marrying. To send children to school or into safe shelters, some mothers have to give their children over to orphanages, which may involve significant sacrifices, such as not seeing the child, because of prohibitive visiting rules. Sometimes, women are prevented from reuniting with their children. Where sex workers have been able to contest such treatment, they have argued for rights-based services for children. The NSWP strongly opposes child sexual abuse and the ideology that says sex workers' children have no option but to become sex workers. Simultaneously it opposes 'rescue operations' that aim to remove children from their sex-working parents.



Babies at Durjoy's child care and health centre for children of sex workers in Bangladesh.

Drug using sex workers

Throughout the HIV pandemic, fears have persisted that HIV positive sex workers who inject drugs are more likely to infect clients, who otherwise would not be at risk of contracting HIV. There is a widespread assumption that drug using sex workers sell unprotected sexual services, even when they know they have an STI or are HIV positive. This is rooted in the belief that their need to buy drugs outweighs their responsibility to have safe sex. However, there is an argument to be made that everybody participating in consensual sex must be responsible for her or his own sexual health. To solely blame sex workers for unprotected sex, including those addicted to drugs, is to absolve clients of their responsibility for their own sexual health.

Sex work and drugs have different connections for different people. Some use drugs to support (sex) work, while others work to afford drugs. For some people, there is no particular connection – after all, people in many jobs take drugs.

Injectable drugs are not the only drugs that impact on sex workers' health and safe commercial sex. Prescription drugs, alcohol and solvents can cause impaired judgement and loss of inhibition, leading to unsafe sex and increased vulnerability to violence.

Illegal drugs are not the only substances that can be injected. Hormones, medicines, vitamins and silicone products are also injected.

Remember: sex workers are part of the solution, not part of the problem. Although some sex workers might fit the stereotype of the desperate drug user, many have organised lives and only provide safe sexual services. Many needle exchange projects report that drug using sex workers are effective volunteers and peer educators.



Working in bars and clubs and working long hours in difficult conditions can contribute to misuse of drugs and alcohol by some sex workers. Clients' consumption of alcohol can also be problematic.

“Harm reduction is often made an unnecessarily controversial issue, as if there was a contradiction between prevention and treatment on one hand, and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary”.

Reducing the Adverse Health and Social Effects of Drug Use: A Comprehensive Approach. United Nations Office on Drugs and Crime (UNODC), 2008.

Migrant sex workers

Most discussion about migration and mobility for commercial sex focuses on ‘sex trafficking’. However, to work effectively with migrant populations, it is crucial to recognise the many types of mobility and migration, the numerous motivations for human movement and the variety of outcomes of individual journeys.

Sex workers move temporarily or permanently within and outside their own countries.

Asian sex work activists protest the lack of labour rights for migrant sex workers at demonstration in Hong Kong.



They are motivated by the same mix of reasons as other migrants: economic improvement; supporting families; escaping war and political repression; internal displacement; abuse by relatives or authorities. They may be escaping stigma and homophobia, attempting to minimise shame to families, or wish to work where sex work is more lucrative.

Internal migration happens for a variety of reasons. Police often encourage sex workers to ‘move on’, or there may be a need to increase income by meeting new clients. Sex business managers encourage turnover, often because ‘new faces’ are good for business. Because selling sex can fund mobility, sex workers often choose to travel even if it means less income for themselves or their families. The desire to travel, see new places and experience a change of scene or escape drudgery is common, especially among young people.

Although a certain amount of migration for sex work is forced, voluntary migration is far more common. Nonetheless, this can frequently be exploitative. Many



Whether they have been trafficked or smuggled or travelled voluntarily, migrant sex workers are often arrested and deported.

migrants find themselves in worse circumstances than anticipated. For example, many are unable to send money to their families or even attain a basic standard of living for themselves. Like other migrants, sex workers may borrow money for travel and other expenses. They promise to repay this debt with their future labour and agree to restrictions on their freedom until the debt is repaid. Known as ‘debt bondage’, this is notoriously exploitative in the context of female sex work. Debts can spiral, so they can never be repaid. Women can be subjected to appalling living and working

SECTION 2: Understanding sex work and sex workers

Migrants are more vulnerable than others populations to HIV, tuberculosis, hepatitis, STIs and other infections.

This is not due to migration itself but to the combined effect of lack of access to information and services and to limited control over living and working conditions. Undocumented, or illegal, migrants have the least access to services, HIV testing and treatment and information, and are most vulnerable to exploitation because they must avoid being arrested or deported.

These migrant women tell their story then make paper mâché dolls which represent themselves. These dolls are all carrying passports, which symbolise a freedom these migrants hope to have one day. To Burmese migrants, passports are considered the most significant and elusive of objects.

conditions, excessive costs, rape, restrictions on freedom and confinement. The law enforcement to prevent such abuses is dismally inadequate. Despite this, it is important to acknowledge that the cumulative outcomes of migration are often satisfactory from a sex worker's perspective.

Migration from rural to urban areas is common, particularly in countries undergoing rapid industrialisation. Frequently, sex workers travel to places where there are large numbers of potential clients – in military camps, mining towns, roadside truck stops and



Photo courtesy of Empower Foundation, Thailand

so on. Sex workers travel as part of larger population movements, to festivals or special events, or to flee war zones or famines.

Travel frequently involves major upheaval in terms of language and culture, not to mention living with the fear of arrest and deportation. Sex workers who migrate from developing countries to richer nations often work in substandard conditions. Migration can lead to increased pressure on them to engage in unprotected sex, because they have no right to refuse clients, are in debt or do not know about sexual health.

Sometimes migrant sex workers have clients who are themselves immigrants without adequate access to sexual health information. These are situations that may even happen when sex workers are travelling in their own country, from villages to cities, or to another region in vast countries like India or China.

MYTH WARNING! Young women from rich countries may take up sex work voluntarily, but women in developing countries are always forced into it.

Section 3:

Information and education

Everyone needs to know about the ways that HIV and STIs are transmitted and avoided, including sex workers. Information, about using condoms and where to get HIV and STI services, is the backbone of all HIV prevention communication. In the next few pages, we consider the information sex workers need about health and the various ways it is provided. First, one of the most important messages from sex workers is:

“SAFETY IS MORE THAN A CONDOM”

Sex workers believe that safe sex education must cover a range of topics, including civil and human rights. They argue that the concept of health must include HIV treatment, migration, drug use, legal issues, children’s rights and much more.

Safety, according to sex workers, means freedom from violence, arrest and stress. It means freedom from all kinds of illnesses, not just sexually transmitted diseases. It means having a decent place to live and work – which means clean water, good food, rest and privacy. Safety means never having a door closed in your face, irrespective of who you are.



Image courtesy of APNSW

Some principles for communications

Understanding one's body and sexuality, knowing how to negotiate safety and pleasure, and having access to health services and other support systems are the foundations of sexual health for sex workers and clients. At different points of time, a wide range of messages, activities and strategies have aimed to increase sex workers' and clients' sexual health awareness. Some have worked well; others have not. In the past, health education tended to stigmatise and blame sex workers. With the advent of HIV, this has been recognised as counterproductive.

Clarity

Messages must be clear. Some may be long and others brief, but all must be clear to their audience.

Respect

Messages must be respectful and not stigmatising or judgmental.

Education for everyone

The diverse range of stakeholders means that an assortment of education and information messages is necessary. They

need to catch the attention of sex workers across all ages and genders, as well as clients, sex business managers, health workers, the police and many others who can influence sex work. Messages need to reach HIV positive people as well as those who are HIV negative.

Involve sex workers

The best way to ensure that messages are relevant and will engage sex workers is to involve them in producing them. This is possible even where literacy levels are low.

Find innovative and appropriate mediums for the message and target audience

It is important to choose the best method to ensure the communication reaches its intended audience and is well understood. There are a lot to choose from. Messages have been sewn, sung, written, painted, danced and filmed.

Correct misinformation

Sometimes, communications must do the job of correcting



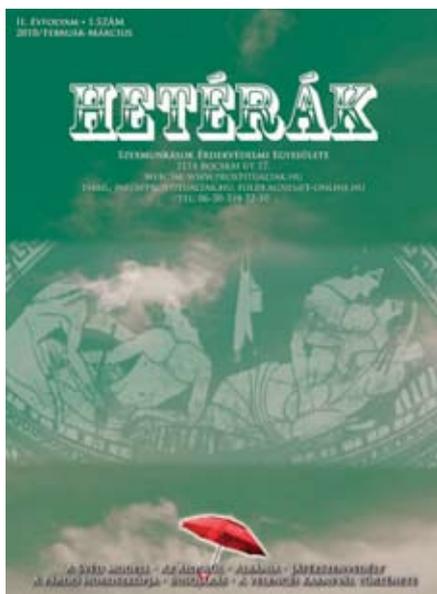
“Prostitutes Use Condoms: do you?” This sticker, produced when HIV was first identified, challenges the tendency to blame sex workers for spreading disease. It was popular with sex worker groups through the 1990's and remains relevant today.

misinformation circulating about HIV and STIs. For example, sex workers need to know there are no disinfectants or creams that can prevent HIV during unprotected sex, and that using these can be dangerous. Superstitions, such as the belief that having unprotected sex with a pubescent virgin will cure HIV and STIs, need to be debunked.

Publications

Pamphlets, magazines, newsletters, postcards and posters are traditional ways to spread information in print. More recently, online publications, chat rooms and social networking sites have become popular methods of dissemination.

Publications must be carefully planned for their audience. They must not be too complicated or stigmatising and they should



use appropriate language. Again, the best way to achieve this is to involve sex workers in producing them.

\$pread magazine was launched in 2005 as an independent magazine by and for sex workers, with a focus on personal experiences and political insights. In its first year of publication, *\$pread* won the Utne Independent Press Award for ‘Best New Title’. Sadly, after five years, *\$pread* ceased publication in August 2010, stating that “an all-volunteer magazine is simply unsustainable in the current publishing climate.”

Launched by the Hungarian Interest Association for Prostitutes Budapest on the 1st of December 2009, *HETÉRÁK* is a newsletter by and for sex workers in Hungary. While dedicated to Hungarian sex workers and the situation with sex work in Hungary, *HETÉRÁK* also sought to portray a global view of sex work. Two issues are available to download online at <http://swannet.org>

Video is increasingly being used by sex workers as a communication tool. NSWP hosts a video channel



on Blip TV called *Sex Workers Present*. Sex worker organisations and individual sex worker activists can post videos by, for and about sex work and sex workers. This site has been an important advocacy tool for exploring human rights issues and exposing human rights abuses in sex work. Films featured include *Taking the Pledge*, a short film looking at the effects of the anti-prostitution pledge required to receive some US government funds. Visit <http://sexworkerspresent.blip.tv>

Peer education

Successful programmes have mobilised sex workers (or former sex workers) to deliver messages and condoms, make referrals, do counselling and link sex workers with community activities. TAMPEP projects across Europe have found that people from the same ethnic or cultural background have proven to be the most effective peer educators. Shared experiences, culture and language help make information delivered by peers realistic and credible to sex workers.

One of the strengths of peer education is that, while bringing information about safe sex to large audiences, messages are delivered in contexts that are meaningful to sex workers. For instance, they encompass relevant issues, such as dealing with violence, childcare and drugs. The peer educators' experience as sex workers helps develop trust, especially as many sex workers are suspicious about contact with officials.

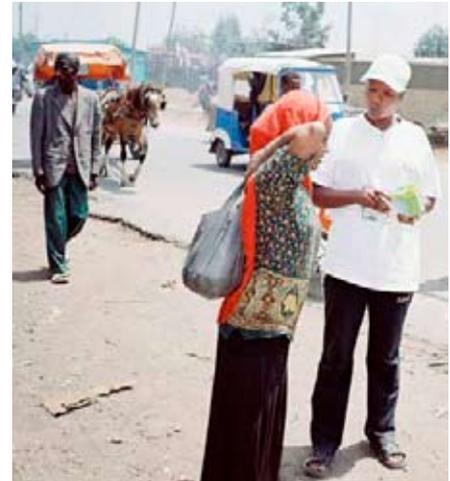
The greatest benefit of peer education is that teams within HIV projects have evolved into community-based organisations.

This has enabled sex workers to raise their voices on matters that affect them.

To manage peer educators successfully, it is essential to define the role of current and former sex workers within the project. Appropriate training, ongoing support and effective supervision, for both peer educators and their professional colleagues, is necessary.

The APNSW code of practice for working with peer educators states that:

- ▶ Sex work peer educators should not be treated as cheap sources of labour, to do work that fully salaried staff are paid to do. Their roles need to be clearly defined, appropriate and realistic.
- ▶ Support is important, and emphasis must be placed on building a peer educators' team.
- ▶ Peer education is not a substitute for professional health, welfare and social services.
- ▶ Peer educators need protection and should not be exposed to danger.



Teams of peer educators all over the world provide information and condoms. The Wise Up project trains and mobilises teams of peer educators throughout urban and rural Ethiopia.

- ▶ Sex workers need recognition, supervision and support.
- ▶ It is important that peer educators from sex work projects are not marginalised, and should enjoy the same rights as other staff members.
- ▶ Peer educators need thorough training, support and education, in terms of content (what to say) and communication skills (how to say it). They need training in listening skills, and knowledge of referral resources.

Outreach and group education sessions

Discussion groups, meetings and adult learning sessions are very popular with sex work projects. They provide an opportunity for sex workers to share experiences and knowledge and they can be an effective alternative, or additional, tool for peer educators. They can be either planned or spontaneous and held almost anywhere. Discussion groups can be a great way to help build group solidarity.



At this group education session in the Ukraine, sex workers and medical staff are sharing strategies for safe oral sex.

Group sessions can be a place for sex workers to discuss issues of concern, share information and develop solidarity. This one took place in Papua New Guinea.



For example, group sessions can be held in sex workers' homes or workplaces, or in local community venues and drop-in centres. The time and place of the session needs to be convenient to sex workers and there must be a reason for them to attend.

Many people find groups intimidating. Sex workers, like most of us, do not automatically talk openly about personal matters, especially in cultures

where sex is not spoken about openly. Sex worker groups have devised various ways of overcoming this. Some use music, performances, videos, photography, puppet shows and role-plays. Humour is one of the best ways of breaking down inhibitions. Sex workers are usually very good at seeing both the funny and tragic side of sex work, and, laughter generally features alongside tears in group sessions.

Safe spaces

Discrimination, illegality and stigma are the reasons why sex workers are made unwelcome or excluded from many public spaces and institutions, including public streets, hospitals, NGO offices, shopping centres, schools and places of worship. This can make it very hard for sex workers to access information and services.

Many projects invite those who need services to attend a local drop-in centre or clinic, where they can be comfortable and need not fear being condemned or abused.



Sex workers are comfortable at this drop-in centre in Dhaka city. Members of the sex workers group DURJOY can take a rest, bathe and access health services and support.



Bound not Gagged is one of many websites that sex workers can use to chat and exchange information. The website of the Global Network of Sex Work Projects lists internet spaces for sex workers in English and other languages: www.nswp.org

This is easiest to set up in urban areas, where there are designated areas where commercial sex takes place. Drop in spaces should be safe, easily accessible and non-judgmental places where sex workers are free to access and share information.

However, spaces no longer have to be physical. The internet has become a virtual space.

Many sex workers find they can access and share information on websites, blogs, twitter and online publications. The internet has expanded the reach, and potential audience, of projects to a global scale; information can be shared at a speed that was almost unthinkable when the previous edition of *Making Sex Work Safe* went to print.

Clients

Every commercial sexual transaction involves at least two people. If both parties are fully informed about sexual health they are more likely to have safe sex. This is a convincing argument for targeting clients, as well as sex workers, with information and education.

It is often said that men will not use condoms and sex workers (usually female) have no power to insist on using them. While sex workers' knowledge and attitudes are frequently researched, less is known about clients' perspectives on safe sex. It is

often assumed that men simply reject condoms because they reduce sensitivity. The reality is probably more complex. Ignorance, misinformation, fear of sexual failure, cost and availability, may each have a role to play in men rejecting condoms.

Clients tend to be more difficult to access than sex workers. Many education programmes target groups of men who are likely to visit sex workers. These include truck drivers, soldiers, men in mining towns or those attending business conventions or gay venues.

Health information needs to go well beyond simply giving advice about ways to avoid HIV. It must recognise the sex worker, whether male, female or transgender, as a whole. This means it must cover all aspects of sexual and reproductive health issues such as abortion, contraception, sexually transmissible diseases including Hepatitis C, hormone treatment and men's sexual health issues. It must be linked to information that can help sex workers reduce their vulnerability, for example giving knowledge about legal rights, self-defence and financial management.



Sex workers and uniformed men at an AIDS awareness workshop organised by the National AIDS Foundation of Mongolia.

Empower Thailand provides sex workers with the tools they need to educate themselves and their clients about sexual health.



Sex workers as producers of information

Health information is traditionally provided by public health agencies, aimed at a select audience. The sex workers' rights movement advocates a shift from sex workers as consumers of information to sex workers as producers. The tools and information over the next few pages were designed to help sex worker groups plan information and educational materials.

The president of the Latin American network of sex workers, RedTraSex, Elena Reynaga, shows its publication *Between Us*.



The message and the medium

The success of education and information campaigns depend on the right message being presented in the right way. Some sex workers and clients may need basic information about sexual health, but it should not be repeated to the same community until it becomes boring and irrelevant.

All materials or educational events need to have a clear purpose, target audience and message. Publications and lectures that simply tell sex workers to 'use condoms to avoid AIDS' are inadequate.

Sex workers need many different messages, which can be delivered via peer education, pamphlets, workshops, posters, performances, radio and other media.

For more details about the method of information distribution developed by the APNSW, see the *Guide to Participatory Production of Resources for HIV Prevention among Vulnerable Populations*: www.aidsmark.org/ipc_en/pdf/manual/09_Participatory-Prod-of-Res-for-HIV-Prev-Among-Vulnerable-P.pdf



Sex workers using the APNSW Participatory IEC development method to produce plays, songs, t-shirts, murals, films, posters and more.

A sex worker organisation in Mali uses community theatre to educate about HIV.



Renewing and refreshing messages

Education about health and HIV prevention is a continual process. In many places, sex workers are well informed. Those new to the area, or to sex work, are likely to need more information to help them live and work safely. In many sex worker communities, there are people who cannot read or write. This can be true of brothel keepers, clients, police and others in the sex work setting who need to be reached with targeted health promotion.

These issues present many challenges. Organisations must provide layers of messages for different people, without boring or confusing them.

Sex workers in Madagascar used the method developed by the APNSW to produce their own educational materials. Here they show condom packets, a calendar and pamphlet they have designed.

A checklist of questions to ask before designing educational materials or events:

- ▶ What is the purpose of the material? Is it to provide basic information, stimulate discussion, foster a sense of a shared problem, remind people to practise safe sex, or instruct about a particular aspect of health awareness such as hygiene, contraception and sanitation or safe drug injecting?
- ▶ How is it to be used? Is it to be read or seen once, kept as a reference, or handed on to others?
- ▶ Who is the intended audience? Is it intended for use in negotiations with clients or managements or is it information for sex workers themselves?
- ▶ What is the literacy level and culture of the target audience?
- ▶ What medium is best for that message and that audience?
- ▶ What is the situation in terms of law and stigma? Will sex workers want material that mentions the words 'sex work' or should information be presented in some other way?



- ▶ Is there really a need for new materials or do suitable ones already exist from another area or country, which could be translated or adapted?
- ▶ How can the target audience be involved in designing and evaluating the material?
- ▶ How can the material be checked before it is published? Who should be involved in checking it? Peer educators or members of the target audience can provide valuable insight, but if the material includes health or legal advice, it should be content checked by a professional.
- ▶ Are the language and presentation clear, or could they be misinterpreted?
- ▶ Which images will contribute to sex workers' self-esteem and encourage them to relate to the material?
- ▶ How will the material be distributed or marketed?



In this game, developed by the Comitato per i Diritti Civili delle Prostitute in Italy, role playing is used to make the general public aware of migrant sex workers' life stories and working conditions. The game can also be used in workshops for sex workers, especially those with less experience. The game shows how rapid changes within the sex industry, such as migration and policies, impact on (migrant) sex workers' living and working conditions. Each 'sex worker' starts the game penniless with a 'slavery contract' requiring her to pay up to 90% of her earnings to her controller. Rather than buy property, the women jump from controllers to police stations to hospitals, while trying not to get killed. If the dice roll in their favour, they net a week's earnings – up to 5,000 euros – in one go, win a trip to work in Amsterdam or are rescued by an enamoured client. All the stops along the way were based on typical events occurring on the streets where women work.

APNSW framework for developing educational materials

AUDIENCES	MESSAGES/TOPIC	POSSIBLE PRODUCTS
Sex workers	<ul style="list-style-type: none"> ▶ Safe sex tips ▶ How to avoid violence ▶ How to recognise STI symptoms ▶ Where to access health services ▶ The value of solidarity and self organisation 	<ul style="list-style-type: none"> ▶ Posters ▶ Flip charts ▶ Audio or video testimonies ▶ Pamphlet ▶ Condom packet ▶ Dance performance ▶ A mural for drop-in centres
Men who have sex with men (MSM)	<ul style="list-style-type: none"> ▶ Safe sex information ▶ How to avoid discrimination and violence ▶ Services available for MSM 	<ul style="list-style-type: none"> ▶ An attractive flyer ▶ A mobile ▶ Flip charts ▶ Audio or video testimonies ▶ Pamphlet ▶ Video
People living with HIV/AIDS (PLHIV)	<ul style="list-style-type: none"> ▶ Defining and negotiating safe sex ▶ Staying healthy/treatment literacy 	<ul style="list-style-type: none"> ▶ Booklet ▶ A journal of PLHIV's life stories to be passed on to PLHIV organisations to read and develop further

SECTION 3: Information and education

AUDIENCES	MESSAGES/TOPIC	POSSIBLE PRODUCTS
Health workers and outreach workers	<ul style="list-style-type: none"> ▶ Health and human rights ▶ The importance of treating marginalised groups, such as sex workers, with respect ▶ Confidentiality and other good practices 	<ul style="list-style-type: none"> ▶ Video ▶ A mural of photos of the programme in the field
General population	<ul style="list-style-type: none"> ▶ Respect for human rights ▶ The role of marginalised groups in preventing HIV ▶ Issues faced by HIV positive people and marginalised groups 	<ul style="list-style-type: none"> ▶ Calendar ▶ Song ▶ Television interview
Government and other authorities	<ul style="list-style-type: none"> ▶ Importance of voluntary access to services ▶ Corruption and violence ▶ Issues of migration and impact of anti-trafficking measures ▶ Ethical issues of drug trials 	<ul style="list-style-type: none"> ▶ Photo montage poster ▶ Painting ▶ T-shirt ▶ Banner ▶ A sculpture
NGOs/donors/employers	<ul style="list-style-type: none"> ▶ Rights and working conditions of peer educators 	<ul style="list-style-type: none"> ▶ Peer educator guidelines ▶ Video testimonies
Police	<ul style="list-style-type: none"> ▶ Discourage discrimination and violence and respect for law and human rights 	<ul style="list-style-type: none"> ▶ Poster

Section 4:

Services and products for better health

Condoms and lubricants

To work safely all sex workers have a right to access sexual and reproductive health services, condoms, HIV care and relevant information about health and reproductive rights. In this section we look at the things sex workers need and some of the innovative ways they can access them. We also look at the barriers to access and emphasise the importance of friendly, sex worker centred services.

Access to high quality condoms and water-based lubricants is essential. They should be continually distributed and promoted.

It is ideal to distribute different types of condoms (extra strong, flavoured, small and large) and water-based lubricants. These products need to be in appropriate size packages. Ideally, condoms should be supplied free, or at an affordable price. This must

be balanced against the need to maintain supply. Only in a few countries does the government ensure that STI clinics and health promotion projects have a steady supply of free condoms.

Policy must be focussed on making condoms accessible and affordable. For sex workers, this may mean removing and changing laws and enforcement practices that put sex workers at risk of arrest for carrying condoms.

Lubricant is crucial and too often overlooked as a safe sex tool. Condoms are much easier to use with lubricant, making sex more pleasurable for the client, and less wearing for the sex worker. Lubricant can be quite expensive. Sometimes, it is available only in tubes and bottles too large for sex workers to carry at work. Projects and clinics should also provide sachets of lubricant.



The female condom

The female condom is named thus because it is inserted into the vagina. Unlike ordinary condoms, made of latex that cannot be used with oil-based lubricant, many female condoms are made of polyurethane or nitrile (a form of rubber), and can be used with all lubricants. Latex female condoms have been developed, however, and are becoming more widely available. These should only be used with water-based lubricants.

It is much stronger than male condoms, so it is useful for anal sex. It can be handy for female sex workers during menstruation. Some sex workers use it with clients who find the male condom difficult to use, for example when the penis is not fully erect or a not a 'standard' shape. Some sex workers prefer to use because it requires less cooperation from the client. However, the fact

remains that it costs more than male condoms, is generally less available and can be cumbersome.

A significant barrier to the acceptability of female condoms in commercial settings is the fear that sex workers will reuse them. Theoretically, it is possible to safely reuse female condoms by boiling between uses, up to a maximum of five times. However, this is not advised. In fact, clients need to be convinced that female condoms are not being reused for it to become a popular alternative to male condoms in commercial sex.

Hopefully, as new materials are investigated and technology advances, stronger and less intrusive female condoms will be manufactured. It will be a challenge to ensure that, as new types of female condoms are marketed, they remain affordable and accessible to sex workers.



The female condom is a loose-fitting tube with a soft ring at each end. One end is open, and the other is closed.

Distribution of condoms and lubricants

Condoms and lubricants are marketed or distributed in several ways. Most often, condoms are sold in shops. In some places, they are distributed specifically to sex workers, often with information about safe sex and sexual health.

Distribution of free condoms is sometimes used as an entry point for outreach workers, helping them gain access to sex businesses. It provides an incentive to sex workers to attend an STI clinic or educational session. Some projects distribute packs containing condoms and lubricant, along with other personal hygiene and beauty products and health information.

The social marketing approach has led to the selling of condoms and lubricants at subsidised prices in some places. It has a number of advantages. It motivates sellers to distribute condoms and is usually easier to sustain than free distribution. Selling condoms in this way may be part of a national social marketing programme or the work of an individual project

or company. In the latter case, condoms are purchased in bulk at reduced prices, and the savings are passed on to sex workers, clients and sex establishments.

Subsidised condom sales can operate through a variety of outlets, including:

- ▶ Normal retail outlets;
- ▶ Newly recruited vendors such as taxi drivers, cleaners, medicine, water and food vendors, doormen and hotel receptionists;
- ▶ Salespeople who travel to remote areas;
- ▶ Outreach workers who visit sex workers;
- ▶ Associations of sex business managers.

MYTH WARNING! It is a myth that religious organisations do not give sex workers condoms. In fact, many faith-based organisations take a responsible attitude to helping sex workers achieve healthy, dignified lives.



Free condoms are necessary in some places; in others condoms are subsidised for sex workers and clients. Where sex work is legal, the operators of sex businesses can be required to provide them. Although it is crucial that everyone buying and selling sex have easy access to condoms and lubricants, they are still not available in many places.

HIV testing

All decisions to be tested for HIV must be voluntary and well informed. Each person needs to think about what to expect and what to do if they receive a positive result. Pre-test counselling must be available to provide accurate information about the meaning of the test, and to assess the availability of care and treatment if the result is positive. Most people need to consider who to tell and when.

Skilled counsellors should be available to help sex workers grapple with the range of issues arising from a positive test result. These could include talking about treatment options, avoiding opportunistic infections, criminalisation, abuse in the community and threats to livelihood. These issues vary in importance according to context. For example, in some settings, permission to do sex work is cancelled when a person is known to be HIV positive. For migrant sex workers, being positive may mean facing deportation, and if undocumented, no access to

treatment. Post-test counselling should focus on the health and welfare of the sex worker and their family and, if necessary, on prevention information. It should not focus on discouraging sex work. Indeed, people who believe that HIV positive people have no right to work as sex workers should not be counsellors.

Privacy is crucial. Disclosing test results and counselling must take place in private spaces. Drop-in centres, clinic waiting areas, brothels and public streets are not appropriate places to give HIV results in any culture or setting.

Confidentiality is crucial. Medical ethics require that only the tested person should be given their HIV test results. Results must not be given to sex business owners or to the police, regardless of who brought the person to the testing centre, or who paid for the test. Despite these ethical guidelines, in many countries, documents about sex workers' health status are routinely checked by police, brothel owners, doctors and government officials.



Now that HIV treatment is widely available, testing is encouraged by the medical profession, governments and NGOs alike. However even where treatment is available, the HIV test still raises some crucial issues for sex workers, particularly if breaches of confidentiality are likely to lead to their HIV status being known in the community.

Compulsory HIV and STI testing is a common method of controlling sex workers. This often leads them to shy away from using health services, for fear of losing their incomes and having other human rights violated. In fact, in many countries, HIV positive sex workers claim that services set up to control HIV in commercial sex settings are where they experience maximum discrimination.

Sexual and reproductive health services

Important clinical services for sex workers include voluntary HIV testing and counselling, STI diagnosis and treatment, prevention of mother-to-child transmission (PMTCT) and other reproductive health services, such as contraception, post-abortion care and specialist men's health services.

Ensuring access to these services prevents sex workers from going to inappropriate or costly services. HIV treatment and medications are essential for HIV positive sex workers. They prevent progression of HIV-related illnesses, reducing the potential for transmitting the virus by lowering levels of the virus in the body.

Sexual and reproductive health services are an HIV prevention strategy in themselves.

Contracting an STI can increase the risk of HIV transmission by causing damage to the vagina, anus and mouth, providing a way for the virus to enter the

blood. The presence of an STI may hasten the occurrence of HIV-related illness.

Male sex workers need STI services equipped to diagnose and treat anal and oral STIs. While stopping work when an STI is present is ideal, many sex workers may not be able to afford this. Male sex workers can be encouraged and taught how to provide services that do not transmit STIs. Not offering receptive anal sex while being treated for an anal STI is one example.

Men with STIs are more likely than women to have visible symptoms such as pain, sores, rashes or obvious discharges. As a result, they may be more motivated to seek treatment. Symptoms in women are often less obvious and more easily overlooked, especially because many women tend to accept a degree of discomfort or pain as normal. However, both men and women can experience STIs without symptoms until serious complications arise, such as abdominal pain.



HIV services are increasingly provided by the same clinics that provide other sexual and reproductive health services, such as family planning. There are several advantages to integrating HIV and sexual health services. It can engage large networks of clinics in HIV care and prevention broader range of services. Sex workers in cultures where sex worker specific services are not appropriate can sometimes access the health services they need at reproductive health clinics without attracting attention. Sensitivity of staff and respect for confidentiality are key.

Making clinics friendly

Special efforts are needed to ensure that clinical services are accessible and meet sex workers' needs. When clinics gain a reputation for treating sex workers respectfully, news spreads and the task of attracting sex workers becomes easier. Written materials can advise sex workers about which clinics offer confidential or anonymous services. Outreach workers can give advice about doctors and pharmacists who behave appropriately toward sex workers.

Confidential and anonymous services are a must. 'Confidential' means that the identity of the person and details about their treatment are not passed on to anyone else. Records must be kept securely, for example coded and locked away. 'Anonymous' means the person need not identify her or himself. Sex workers that worry about being identified are attracted to anonymous services, although anonymity means there will be less opportunity for monitoring and follow-up.

Attractive pamphlets or friendly advertisements in newspapers and magazines that are read by sex workers may be an effective way of informing sex workers of a friendly clinic in the vicinity.

Some groups of sex workers such as migrants, young people or people being sought by police

have specific reasons to avoid all authorities and health facilities. Transgenders and young men may fear discrimination. These groups need extra encouragement and support from someone who is trusted. This is more likely to encourage health-seeking behaviour than written material.

A clinic in Cote D'Ivoire, Clinique de Confiance, makes itself more accessible to sex workers by engaging sex workers in providing services.



What attracts sex workers to clinics?

1 **A welcoming environment**

A comfortable and welcoming clinic hinges on the attitude of the staff, rather than levels of funding and resources. Relatively informal and friendly environments work well. Some clinics provide interpreters and employ transgenders, gay men or sex workers. Appropriate staff training is vital.

2 **A suitable location**

Clinics should be located near sex workers' workplaces, or in mobile units that visit sex workers. For example, services for long-distance truck drivers and sex workers could be located in the truck stops where commercial sex takes place.

3 **Convenient opening hours**

Some clinics have asked local sex workers about suitable timings and have altered their working hours as a result.

4 **Relevant, attractive services**

Primary health care services are popular and attract sex workers (and other sexually active people) when they provide a range of services, including condoms, maternal and child health, contraception, services for men who have sex with men, abortion and follow up care, HIV treatment and advice, vaccinations and dental treatment.

5 **Childcare and child health**

Women often have to bring their children along to clinics, so it will be helpful to provide childcare facilities as well as primary health care for children.

6 **Short waiting times**

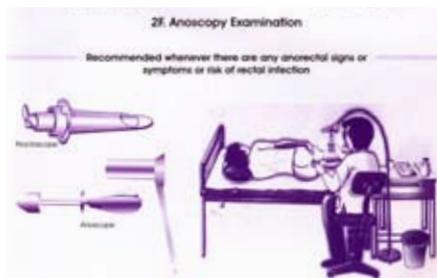
When sex workers are being encouraged to attend clinics regularly, waiting times should be as short as possible. Some clinics arrange sex worker-only sessions. Others give sex workers priority at certain times. In some cases, outreach workers distribute vouchers entitling sex workers to an immediate appointment.

7 **Specific sessions for different groups**

It may be helpful to hold specific sessions for certain language groups or for people from a certain area, religious faith or specific sectors of the sex industry, such as immigrant sex workers.

8 **Respect**

Sex workers have a multitude of different attitudes to their work and varied feelings about speaking of it, even to health workers. Health workers should not expect people to reveal whether they are paid for sex when they begin visiting a clinic. Sufficient information about multiple partners can be gained by skilful history taking.



To effectively treat sex workers of all genders clinics must offer diagnosis of anal, vaginal and throat STIs. For example, people who have anal sex, and have STI symptoms, should have an anoscopy examination. Staff must be properly trained to conduct appropriate examinations that are comfortable for the patient.

Health promotion in clinics

In addition to providing treatment, hospitals and clinics can play a significant role in health promotion. In *Making Sex Work Safe*, there are many examples of specialist projects that provide information and support to sex workers. However, they rarely reach all sex workers and, in many places, there are no special services. Clinics can therefore be an important source of information about health or provide the space in which to discuss it. This is a checklist for health promotion staff likely to come into contact with female sex workers in clinics and hospitals:

- ▶ Emphasise that the only protection against HIV is consistent and proper condom use.
- ▶ Explain the effects of unprotected sex, and that a burst condom or condom slippage is equal to unprotected sex.
- ▶ Explore ways to prevent incorrect use, breakage and slippage – e.g. using water-based lubrication, checking the condom is still on and controlling clients.
- ▶ Explore ways to encourage consistent condom use – e.g. discuss ways to use smart marketing skills to sell the idea of safe sex to clients.
- ▶ HIV positive clients – Encourage regular health check-ups and CD4 count. Explain the importance of treatment of opportunistic infections and other health problems and the concept of re-infection of the HIV virus. Explore ARV eligibility, its limits and benefits, treatment regimes and adherence. Discuss nutrition. Talk about support and care and make necessary referrals.
- ▶ Discuss contraceptive needs, emphasise dual protection and emergency contraception.
- ▶ Explain the importance of cervical cancer screening, what it involves, and where this service is available. Discuss follow-up management, if necessary.
- ▶ HIV testing – Explain reasons it is advantageous to know one's own status and emphasise the need for repeat HIV tests.



The St. James Infirmary is entirely peer led. It provides free, non-judgmental general medical care to over 16,000 sex workers and their families in the San Francisco Bay area. This has included everything from primary care for adults and adolescents, health maintenance screening, evaluation and treatment of acute and chronic asthma, respiratory infections and abdominal pain, to high blood pressure, high cholesterol and anemia.

- ▶ Acknowledge the potential for violence. Discuss ways of avoiding it and available services if it occurs, including how to report a rape, where to obtain post-exposure prophylaxis (PEP), emergency contraception, STI treatment and social support.
- ▶ Discuss STI treatment; its importance, and ways it can contribute to the reduction of HIV transmission. Talk about partner treatment for STI where possible.
- ▶ Provide information about abortion services where appropriate.
- ▶ Where appropriate, look for TB, Hepatitis C, or Malaria. Explain the relationship between these and HIV, and the importance of seeking treatment for these diseases.
- ▶ For pregnant women, discuss the importance of having an HIV test, TB screening, PMTCT and ante/post natal care.

*Adapted from RHRU South Africa:
Health Support for Sex Workers:
A Resource Pack for Health Care
Providers: January 2009.*

Clinical outreach services

Outreach can be a useful method of delivering health services, information and condoms to sex workers. An agency can provide a range of services on an outreach basis, or focus on delivering specific health services away from clinics, in commercial sex venues, drop-in centres, festivals or from mobile units.

Mobile services have been successful in rural areas, particularly when large sections of the population live in villages.

In border areas in Europe, where there are large clusters of commercial sex establishments, mobile services have worked well.

A female doctor examines a woman at a mobile health clinic in Pakistan.



Photo courtesy of DFID - UK Department for International Development

Economic empowerment

There is no doubt that, in both rich and poor countries, sex is sold because of unemployment and poverty. Economic empowerment of sex workers has an important role to play in making sex workers' lives better and making sex work safe. Sex workers who have more than one source of income are more able to choose safe sex.

Additional sources of income are particularly important where sex work is seasonal or very poorly paid, or where there is no social welfare system to support people during illness, unemployment or old age.

A number of agencies and sex worker organisations have alternative income generation schemes for sex workers. They provide loans for sex workers to start small businesses, buy land or farm, or for credit cooperatives, community banks or labour exchanges. Unfortunately, no data is available about the impact of these loans on sex workers' health or human rights, but some women report that the schemes have helped improve their income.



Sex workers in Kolkata, India, operate their own savings and credit bank. It has enabled many sex workers to improve the conditions in which they live and work.

Some sex workers need, and gladly receive, support to leave the sex industry. This is especially true of older sex workers that wish to retire. Some women and men use income generation schemes to leave the sex industry. Others use newly developed skills and economic power to be more efficient sex workers, for example

by learning a language spoken by tourists or buying condoms in bulk. In Chaing Mai, Thailand, sex workers have opened their own bar, offering fair working conditions, a drop-in and information centre.

Economic empowerment programmes are more likely to succeed when they are managed



The provision of small loans to groups of women to enable them to establish small business or trading can reduce poverty. However many microcredit schemes do not meet the needs of sex workers because they are not sufficiently flexible or they rely on trust and cooperation that is lower where there is mobility and competition. Some sex workers groups have complained that microcredit can even be exploitative, and that poverty can be worsened, where they charge penalties and high interest rates.

by sex workers, without pressure to stop selling sex. The USHA cooperative is a sex worker-led organisation in Kolkata, India, that offers income generation, savings, credit facilities and other member benefits.

Rehabilitation

Rehabilitation programmes focus on assisting women, and sometimes transgenders, to stop selling sex. Until recently, such programmes occupied a limited space in health promotion because the idea of freeing women from sex work conflicted with their aims. However, more recently, the claim that rehabilitating sex workers can prevent HIV has gained endorsement. Despite the fact that there are no facts to substantiate this, resources are increasingly being allocated to rehabilitation.

In most countries, a tiny percentage of women leave the sex industry as a result of rehabilitation programmes. That aside, new sex workers are always there to replace those who do leave the business.

Donors and programme planners should not confuse rehabilitation programmes for health promotion. If rehabilitation projects receive health funds, they should be able to demonstrate, with

factual evidence, the impact of the intervention on health and HIV prevalence.

Projects that aim to rehabilitate women from sex work have increased as result of funding from Europe and the USA.



Legal services

Persecution of sex workers and sex work communities creates the need for legal support. Legal services contribute directly to public health, by underpinning the right to health. By protecting the human rights of sex workers, legal assistance contributes to an enabling environment for HIV prevention, care, support and treatment programmes.

Legal services can address a range of issues for individual sex workers arrested for sex work, petty crime, drugs or public order offences. Sex workers detained in protective custody, where they are subject to unlawful medical examination or charged with public health offences, increasingly seek legal support. Sex workers may also seek legal support for non-criminal matters such as discrimination, family and property disputes.

'Strategic litigation' can emerge from individual cases. Strategic litigation is where an individual's dispute is taken to court, in the hope of securing the rights of others who may be experiencing the same legal problem. In some



countries strategic litigation may involve court cases on behalf of groups (class actions); in others judicial decisions in individual cases become part of case law. Legal cases have challenged the use of condoms in evidence and established that rape laws equally apply where the victim is a sex worker.

As legal services open up to them, sex workers may be able to monitor trends and identify systemic issues which impede HIV prevention, treatment, care and support programmes and affect communities. For example, monitoring cases may reveal sites of discrimination, identify dysfunctional legislation or draw

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attention to patterns of abusive or corrupt behaviour by police.

Legal services can take the initiative for educating sex worker communities. In most countries, it is possible to sell sex without breaking the law. Yet sex workers and sex business managers often need to be informed of this. By recognising rights violations and knowing what protection to expect or demand, sex workers can begin to seek justice collectively. Thus, community legal education generates a demand for justice and, in turn, creates a niche for legal services.

Legal services and health projects for sex workers can provide support by:

- ▶ Employing local lawyers to conduct workshops on the law.
- ▶ Providing advice sessions with a lawyer or legal advisor.
- ▶ Providing counsel for court cases.
- ▶ Publishing guidelines on legal issues relevant to sex workers.
- ▶ Developing a list of individual lawyers and support services that will assist sex workers in a non-judgemental way.

- ▶ Facilitate police liaison.
- ▶ Facilitate media liaison.
- ▶ Document human rights abuses.
- ▶ Build capacity of sex worker leaders and organisations to engage with legal issues.

Liaison between police and sex work projects can help the projects in several ways. More favourable conditions for safe sex and violence reduction can be negotiated. Making outreach and other services more accessible can be planned jointly. Police liaison is particularly important in countries where police, rather than laws or government policy, determine how sex workers are treated.

Good relations with police can help sex workers by:

- ▶ Discouraging violence against sex workers (including violence by police officers) and responding to it appropriately.
- ▶ Discouraging exploitation, child prostitution and other crimes against sex workers, and making it safe for sex workers to report criminal activity.

- ▶ Preventing field workers and project staff from being arrested or harassed.
- ▶ Ensuring that police actions do not punish sex workers and sex businesses for possessing safe sex information and condoms.
- ▶ Discouraging intense police activity, which limits potential for health promotion and worsens sex workers' conditions.

In some cases, the media has been co-opted to raise awareness of violence against sex workers, especially to motivate the police to behave more responsibly and lawfully towards sex workers. However, media can be a double-edged sword – it can foster constructive debate or lead to more persecution.

Services for drug users

Harm reduction – reducing the harm caused by drug use and misuse – is generally recognised as a better approach to drug use than attempts to prevent drug use.

This approach was first applied in urban districts in rich countries. Subsequently, it has successfully been implemented in rural settings in developing countries. These include tribal communities in Manipur, India; in the border regions of Myanmar and Northern Thailand; in Buenos Aires, Argentina; Phnom Penh, Cambodia; Kuala Lumpur, Malaysia; and in remote communities in Australia, Canada and Nepal.

As well as preventing HIV, harm reduction aims to help injecting drug users avoid Hepatitis C, reduce damage to their veins, improve their general health and deal with other life issues, such as parenting skills.

Harm reduction methods for injectors include:

- ▶ Providing clean injecting equipment and advice about how to inject and use drugs more safely.
- ▶ Providing treatment and care for HIV positive and Hepatitis C positive users.
- ▶ Prescribing replacement drugs such as oral methadone, buprenorphine or codeine (and, in a few cases, injectable methadone, heroin, cocaine or other drugs of choice).
- ▶ Social support, including advocacy for the rights of drug users, such as the right to quality health care, including palliative care.
- ▶ Assistance in criminal justice matters.
- ▶ Providing advice about other flesh-cutting practices, such as piercing and tattooing, which occur as part of work or private life.



This is a harm reduction kit for distribution to injectors. It contains swabs, sterile water, clean needles and bleach.

Where sex workers use syringes (for whatever reason), it is important to provide clean equipment – needles, syringes, sterilising swabs and sterile water. This is sometimes done on an exchange basis. The project collects used equipment, disposes it appropriately and provides clean replacements. Alternatively, the project can distribute appropriate containers, with instructions for users to dispose the equipment themselves. In places where it is forbidden to sell or distribute needles or where supplies

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are low, bleach is sometimes distributed for cleaning used injecting equipment and less harmful methods of taking drugs are recommended.

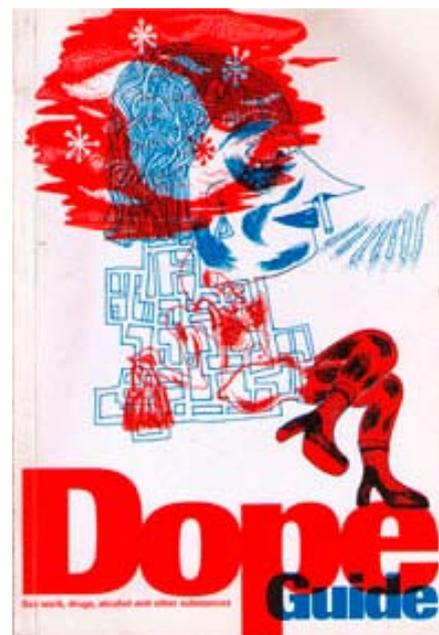
Illegal drugs are not the only injectable substances. Hormones, medicines, vitamins and silicone products are also injected. Appropriate equipment and instructions should be available to people injecting these products, to make them as safe as possible.

HIV disproportionately affects drug users who smoke or ingest drugs, such as crack and methamphetamine. There are varying explanations for this. People who are already vulnerable to HIV tend to use these drugs. Oral damage from pipes facilitates oral transmission, and the extreme highs caused by amphetamine-type drugs induce loss of inhibition, which increases likelihood of unprotected sex. Whatever the case, in many places, there is an urgent need to develop strategies to help drug using sex workers to protect the health of themselves and their children.

There are frequent reports of injected and oral drugs being introduced to sex workers, and indeed, forced on them. This is done to reduce inhibitions, keep the sex worker calm or boost energy to see more clients. The administration of some drugs may not be visible, especially manufactured pharmaceutical drugs.

A major cause of unprotected commercial sex and violence in the sex industry is alcohol. All over the world, sex workers report that drunk clients are the most difficult. Some sex work projects stress the importance of sex workers' controlling their own use of alcohol, and offer strategies for dealing with drunken clients. Formal sex industries provide a safer environment in this circumstance, because sex business operators and police tend to support sex workers rather than drunken clients.

Successful sex work projects have formed links with drug agencies, developed specific strategies for sex workers using alcohol or



Stella's guide contains everything Canadian sex workers who use drugs need to know about how to stay safe.

drugs, and advocated for policies that can reduce harm associated with drug use. However, drug and alcohol treatment programmes may be less accessible to transgenders and gay men.

Bleach?

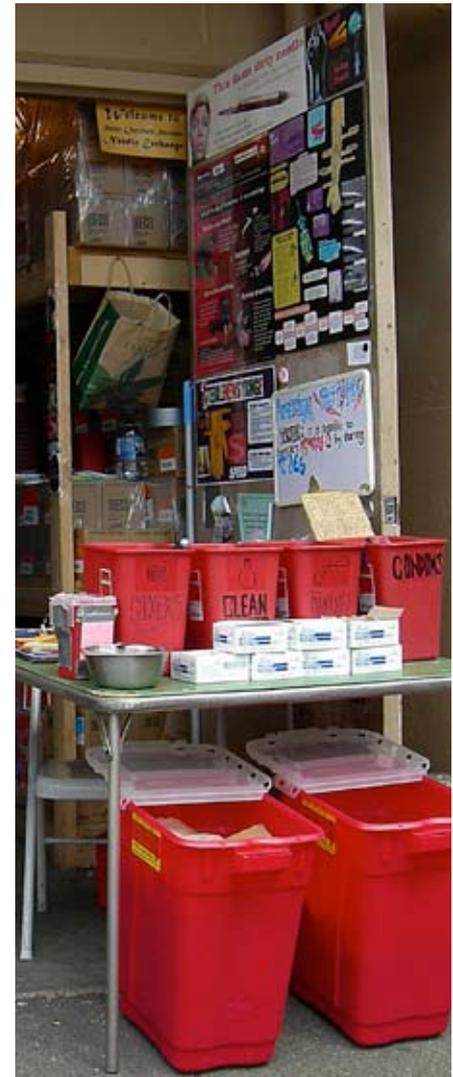
Bleach has been promoted as an effective way to eliminate HIV in used syringes. However, it may not be as effective as first thought, for several reasons:

- ▶ When bleach mixes with blood it makes it clot. Bleach, as a way of killing HIV, is not effective on clotted blood.
- ▶ Bleach needs to be in contact with blood for much longer than was first thought.
- ▶ Bleach strength varies and all bleach loses some of its strength when it is stored.
- ▶ Hepatitis C is much more resilient than HIV, and the effect of bleach on Hepatitis C is not known.
- ▶ Reusing a syringe blunts the point and damages veins.

If bleach is distributed or recommended, it must be accompanied by instructions or training about its correct use. Instructions should stress that full strength bleach must be used only in syringes that have been rinsed immediately after their previous use. They must be kept in full strength bleach for at least 30 seconds and up to five minutes for weak bleach.

All of this means that whenever possible, a new, sterile syringe should be used.

With thanks to Dr Marcus Day of Caribbean Vulnerable Communities



Counselling

Counselling is an important service. It addresses the individual's experiences and circumstances. It enables sex workers to acquire valuable information and skills, specific to their circumstances, experience or culture.

Counselling should ideally take place in private, although this is not always possible. Less formal counselling can be provided in a more public space and be relatively spontaneous.



- ▶ Counsellors should check that sex workers have thorough knowledge and skills to deal with personal safety, safe sex, STI treatment, broken condoms and unwanted pregnancy. Therefore, counsellors must have a good knowledge of these issues or be able to refer sex workers to appropriate sources of information.
- ▶ Counselling must be confidential. Sex workers should be informed of the confidentiality status of the session. For example, they should be told whether information will be shared and with whom, whether notes will be kept and who will have access to them.
- ▶ Counsellors must be adequately trained.
- ▶ Counselling should always emphasise choice, rather than push sex workers in a particular direction.
- ▶ Counselling should not be moralistic and should not call upon religious or spiritual ideas, unless it is clear in advance that the counselling is of a religious nature.
- ▶ The issues presented by the sex worker should be dealt with.
- ▶ Counsellors should have an awareness of their prejudices and not allow them to influence counselling sessions. For example, the counsellor may not like the sex worker's private partners or business associates. This view should not be unwittingly expressed by using biased terms, such as 'pimps'. Assumptions should not be made about childhood sexual abuse.

All HIV testing at the Top clinic in Myanmar is voluntary and it is accompanied by sensitive counselling. Lessons have been learned about the dire consequences that breaches of confidentiality cause to those newly diagnosed with HIV. Counsellors should not push sex workers to think about leaving sex work immediately.

FACT! Sex work not a medical condition or a psychological problem. It is an occupation.

HIV treatment and care

The case for early detection of HIV has become stronger just as effective treatment has become more available. HIV testing has been scaled up and, as a result, millions of people who would have died of AIDS in previous decades are alive and well. However, lack of access to treatment, discrimination and ignorance limit access to lifesaving treatment. To benefit from HIV treatment, people need skilled clinicians, nutritional advice, adequate housing and information. Many HIV positive sex workers face particular difficulties in accessing these benefits.

Governments and non-government service providers must ensure that responsibility is taken for ensuring that not only treatment, but also these benefits, are accessible to sex workers. This may be best achieved by openly providing dedicated services to self-identified sex workers. However, more innovative ways of delivering HIV services to marginalised people with HIV may need to be thought about, particularly when reaching sex workers within communities where openness is intrinsically risky.



Cambodian sex workers have actively demanded treatment and access to shelter and nutrition.

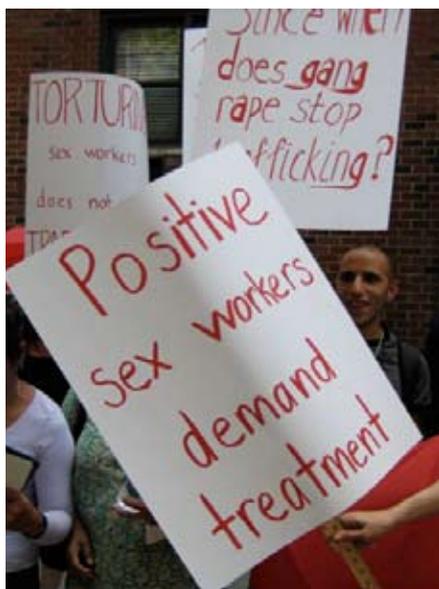
People with HIV often receive bad treatment when they seek care and support. HIV positive sex workers are subject to double stigma. Some sex workers hide their occupation from medical staff to avoid being discriminated against. This can lead to inadequate diagnosis or wrong treatment and can cause poor treatment adherence and dangerous practices like self-medication.

Although everyone agrees with the goal of universal access to HIV prevention, care and treatment, barriers still exist – especially for sex workers. Undocumented migrants face deportation or other adverse consequences if they come forward for HIV treatment. Likewise, male and transgender sex workers can face heavy penalties in countries where

Making Sex Work Safe

homosexuality or sodomy are illegal. For sex workers in remote areas, or those bonded to brothels, clinics are simply out of reach.

There are other reasons why sex workers may find it difficult to access treatment. In resource-poor settings, where there are limited places for HIV treatment, sex workers often report a struggle in accessing treatment.



This can be due to discriminatory attitudes of staff or bureaucratic requirements that render sex workers ineligible for health care. For example, medical services may only be available to locally registered people. A sex worker may be highly mobile, losing access on moving out of the area. People who live in shanty towns, brothels or hotels lack a formal address and, as a result, often do not qualify for HIV treatment.

Support groups and social support can be very helpful, but they too sometimes pose a particular challenge for HIV positive sex workers. Discrimination against HIV positive sex workers has been noted in both sex worker collectives and PLHIV groups (People Living with HIV/AIDS). For positive sex workers, there is a very real risk that, by disclosing their HIV status, other sex workers might take their business.

Female HIV positive sex workers who become pregnant need a full range of options, and health care workers should not push them toward abortion by assuming that

the pregnancy is unwanted. Such presumption often leads to health care workers not explaining the full range of issues and options, and a decision to continue with the pregnancy may not be followed up with adequate care.

For male HIV positive sex workers, erectile dysfunction is a common problem. It can lead to an inability to work, consequent loss of earnings and overuse of erectile dysfunction drugs, such as Viagra.

In addition, HIV positive transgender sex workers need access to specialised services that can address HIV and sexual health needs, along with health issues created by the use of hormones, sex reassignment surgery or castration. These are complex issues and clinicians should seek information about their specific clinical management, especially if new to treating transgender people.

Prevention services for HIV positive sex workers

Successful HIV education reaches both HIV negative and positive people and does not stigmatise people living with HIV. Too often, HIV projects address only HIV negative sex workers, advising them how to avoid infection. This ignores the fact that people living with HIV also sell sex.

The importance of linking prevention and care has emerged as a strategy for ensuring that HIV funds are spent effectively. With increased testing and disclosure, the extent of HIV in sex work communities has become more apparent. In response, many sex work projects have adjusted their strategies and activities to incorporate care and involvement of people living with HIV.

Like others, sex workers are more likely to practise safe sex if they know their status. They will be more inclined to take an HIV test, when confident of fair treatment and equal access to medicine and support. Prevention services, such as counselling, safe sex advice, clean needles and condoms, can



The medications that can prevent HIV being transmitted from mother to baby during pregnancy or childbirth are very effective. Discrimination and poverty can lead to female sex workers not receiving the prenatal and HIV care they need and babies are unnecessarily born with HIV.

easily be provided in the same clinics and hospitals that offer HIV treatment.

Today, it is relatively easy to prevent HIV in babies by treating the mother during pregnancy. Providing services for pregnant female sex workers facilitates

the opportunity to prevent HIV infection from mother to child.

HIV treatment, such as ARV, has a prevention value because it lowers the amount of virus in the bloodstream. This makes the body fluids of the person with HIV less infectious.

Services for migrant sex workers

Studies conclusively reveal that intercountry migrant sex workers, by and large, remain outside the legal, medical and social structures of host nations. Undocumented status, limited understanding of language, foreign laws and regulations, absence of support networks and racism severely marginalise migrants, putting them at greater risk of abuse and exploitation.

A number of programmes have developed successful responses to the needs of migrant sex workers. Notable among these is the TAMPEP Network of community-based service providers, public health and social services, which cooperate across 26 European countries. The TAMPEP methodology is to establish local services, including outreach and social support. They train members of the network in each country, organise national, regional and international level advocacy on sex work and

mobility, and carry out research concerning prostitution and migration. TAMPEP has pioneered culturally sensitive, holistic and rights-based services for migrants. It takes the position that migrant sex workers should be accorded human and civil rights, to lessen

vulnerability to exploitation and abuse by clients, controllers of the sex industry and traffickers. It is essential to challenge the marginalisation of migrant sex workers, and go beyond focussing on them as potential carriers of sexually transmitted infections.

Lack of labour rights limits the ability of migrant sex workers to access services and safe places to work and live.



Some of the services migrant sex workers need include:

- ▶ Information about local laws and administrative procedures.
- ▶ Information about accommodation, health and education for children.
- ▶ Assistance in communicating with authorities.
- ▶ Assistance in communicating with people in their country of origin.
- ▶ Support to attend clinics and welfare agencies.
- ▶ Legal support.
- ▶ Health information in their own language.
- ▶ Access to health services in their own language.

Where there are no specific services for migrant sex workers, clinics and social services can make themselves accessible to migrant sex workers by providing interpreters and intermediaries.

Some services have designed specific sessions for migrant or ethnic groups and produce printed materials in relevant languages. Pictures and music are an alternative method of informing people that a service is open and friendly to those from non-host country backgrounds.

Both migrants and sex workers from various ethnic or language groups deal with the backlash of cultural and linguistic difference. Sex work projects should monitor how user-friendly their services are. Strategies may be needed if migrant sex workers or people from a particular ethnic group are not fully participating. Cabiria, a sex work project in Lyon, France observed that increased migration of sex workers from Central and Eastern Europe created tensions with some local sex workers. Some petitioned the local authorities for removal of the new migrants. Local newspapers ran articles implying migrants

were responsible for an influx in organised crime in Lyon's sex industry. This vulnerable group of new migrants shied away from accessing Cabiria's services, which had become identified with the protesting sex worker group. Cabiria undertook a series of actions to clearly articulate its non-prejudicial policy, and make it more accessible to the new migrants. This greatly improved accessibility to the project and facilitated better relations between migrants and local sex workers.

Section 5:

Safe commercial sex

Safe sex is central to making sex work safe. Male, female and transgender sex workers face many challenges in providing different sexual services. Sex workers usually need additional information about safe sex. Effective safe sex campaigns are multi faceted and clear. Even in conservative cultures, safe sex education must be explicit and precise.

Knowledge

To maintain good health, sex workers need to know about how diseases are transmitted and can be avoided. Too often, safe sex information is limited to telling sex workers to “use condoms”. Sex workers need to know about different kinds of sex, how to obtain condoms, lubricant and medical services and what to do when condoms break.

Sex workers need a range of skills that enable them to maximise their income and reduce exposure to HIV. This means promoting a range of services and sexual skills that, while minimising physical and psychological wear for the sex worker, maximises the client’s pleasure. Such skills cannot be learnt by demonstrating the mechanics of condom use on wooden dildos. They can only be achieved by sex workers and peer educators sharing ideas from experience. Frequently, public health agencies limit their suggestions to seeing fewer clients or refusing services. To the sex worker, this means losing income. Sex workers’ strategies for safe commercial sex are successful because they aim to increase both income and safety.



Tips about how to use condoms can be shared by sex workers and peer educators. Here a peer educator from the Ivory Coast demonstrates the use of condoms in oral sex.

Sex workers need to know about STIs, including how to recognise symptoms. This pamphlet by WINS India is an explicit tool for providing this important knowledge.



Empowerment

There is a lot of discussion about sex workers' powerlessness to negotiate safer sex. In contrast, knowledgeable sex workers constantly exercise power in their negotiations with customers. Just as a migrant construction worker's ability to demand safety equipment is limited by their circumstances, similarly, a sex worker's power to demand safe sex is usually constrained by working conditions.

Effective safe sex information empowers individual sex workers by supporting their belief that sex work can be done safely. It empowers communities of sex workers to make collective decisions about safe sex. The strongest negotiating position for a sex worker is when the whole community will reject a request for unprotected sex.

Space and time to talk to customers about what sexual service will be provided is crucial for making sex work safe.

“Paid sex is different from the intimate sex of lovers. When we are in love we want to surrender our body totally when we make love. You want ‘high impact sex’ that leaves you sweaty like after running. It may even leave you pregnant. Hurray! But the commercial encounter is an entirely different event. The sex worker wants ‘low impact sex’. Low impact sex means minimum penetration time, no tongue in your throat, no fingers jammed into your orifices, no squeezed breasts and no being squashed under a pumping body. The only semen about at the end of low impact sex is in a condom. The difficulty for the sex worker is that she or he knows that this can be achieved by saying no, no, no – but he or she also knows that this means less clients. What to do?”

The *Making Sex Work Safe* workshop is about strategies to solve this dilemma, by identifying some skills to maximise the pleasure and satisfaction for the customer with ‘low impact’ services.”

Facilitator, introducing the Making Sex Work Safe Workshop



Resisting the demand for unprotected sex

Men demanding unprotected sex perpetuate HIV and STI risks in sex work. Strategies are needed to reduce this demand, to alter the balance of power in favour of sex workers.

In New Zealand where sex work is not criminalised, sex workers are not as disadvantaged in their negotiations with clients as where sex work is an offence. New Zealand clients know they will be required to use a condom when they visit a brothel.



A group of sex workers in Ethiopia and India listed some reasons why men refuse to use condoms:

- ▶ Condoms will decrease sensitivity.
- ▶ Men are unaware of the reality of HIV and STIs.
- ▶ Sex workers who believe the customer when they say they have no HIV or STI.
- ▶ The customer believes the sex worker is free of STIs. This is especially a problem where medical examinations for sex workers are compulsory.
- ▶ An erection is not possible with a condom.
- ▶ Love.
- ▶ The client is already HIV positive.
- ▶ The client doesn't care about health.
- ▶ Drunkenness.
- ▶ Clients think they are immortal.

Sex workers have identified several possible responses to client demand for unprotected sex:

1 Solidarity

In most places, the success of any strategy is influenced by a client's opportunity to obtain unsafe services elsewhere. It is important that whole sections of the sex industry are mobilised, so that clients cannot bargain with sex workers for unsafe services and lower prices.

2 Refuse the client

Although this eliminates risk, it leaves the worker with no money, or even in debt, if expenses have been paid. So it is obviously not a preferred option. Further, it may result in an unpleasant scene with the client and possible difficulties with managers or others who influence the situation.



It is essential that clients are educated about sexual health, not just sex workers. Sex workers have sometimes felt that safe sex messages have been directed at them and not at those demanding unprotected services.

3 **Cite the 'House Rules'**

Sex workers can tell the client this is the rule, if sex workers can operate in a place where condom use is compulsory. It can be useful when intermediaries such as taxi drivers, touts or receptionists can inform customers they will be expected to use a condom, before they meet the sex worker.

4 **Discuss the matter**

Persuasion can be successful, but only if the sex worker has the opportunity, speaks the same language as the client and has good communication skills, confidence and information. The client must be reasonable and sober.

5 **Alternative services**

Offering an alternative service, which does not require a condom, can work. Again, for this to be successful, the sex worker must have adequate knowledge about safe sex and good communication skills.

6 **Tricks of the trade**

Some health workers suggest that sex workers develop some skills or 'tricks of the trade', when a client demands unprotected sex. This includes putting a condom on without the client knowing or noticing (perhaps with the mouth), and rubbing the penis between the thighs or with moistened hands, to simulate vaginal intercourse or oral sex. While this avoids the need for negotiation, it can lead to problems for the sex worker if a client feels he has been deceived.

WHAT DO SEX WORKERS NEED TO SUPPORT WORKING SAFELY?

- Tips for negotiating decent working conditions, including the right to refuse clients, possess condoms and access hygiene facilities.
- Knowledge about how to store and use condoms and lubricant.
- Information and support to avoid violence and cope with its consequences if it does happen.
- A basic understanding of STIs and other sexual and reproductive health issues.
- Advice on examining clients for STI symptoms. This includes recognising symptoms and examining clients in various situations, such as in low light.
- Ideas for communicating about safe services and 'managing' different kinds of clients.
- Skills for providing safe services, for example to reduce accidental or deliberate condom breakage and to relieve stress on the mouth, anus or vagina.
- Advice on using lubricants, spermicides and other products. This may need to be different from advice given to non-sex workers. Some products may not be suitable for particular sex acts or frequent use.
- A good understanding of the body and hygiene, including menstruation and anal hygiene.

Preventing condom breakage and what to do if it happens

Sex workers should have access to a variety of condoms, suitable for the different kinds of sexual services provided by male, female and transgender sex workers. Lubricants must be accessible, because they are key to avoiding condom breakage and reduce stress on the vagina and anus.

To effectively prevent transmission of HIV during vaginal and anal sex, condoms must be used consistently and in ways that prevent them breaking or slipping. To use condoms successfully with different types of customers requires skill. Sex workers need to store condoms correctly, check expiry dates, open packets without damaging them, roll the condom onto the penis at the best possible time and remove and dispose used condoms.

Practical demonstrations are a valuable way to teach safe condom use and foster group discussions on safe sex tips and tricks.

Here are some tips developed by sex workers:

- ▶ Preventing condom breakage begins in the shop. It is important to buy good quality condoms, and be sure they are within their validity date.
- ▶ Most condoms should be stored at a cool temperature, not carried around or kept in heat. Read the label.
- ▶ Condoms must be handled carefully. Oils and cosmetics, fingernails and teeth should all be kept away from condoms. It's a good idea to practice opening condom packets carefully and discreetly.
- ▶ Squeeze air from the tip before rolling the condom on.
- ▶ Use lubrication. If not commercial lubrication, use another non-oil based product.



- ▶ Do not use two condoms together.
- ▶ Hold the base of the condom onto the penis to minimise slippage, if sex goes on for a while.
- ▶ Stop to check that the condom is still in place if sex continues for more than a few minutes, or if positions are changed.

Condoms sometimes slip or break. Sex workers suggest several reasons for this, including:

- ▶ The condom is not the correct size or shape for the penis.
- ▶ The penis is not erect.
- ▶ The condom is poor quality.
- ▶ Too much lubricant has been used.
- ▶ The client has deliberately caused it to slip or break.

One of the most frequent questions asked by sex workers is what they should do if a condom breaks during intercourse, and is only discovered after ejaculation.

In such a case, sex workers should take steps to expel semen before washing the vagina or anus. One way to expel semen from the vagina is to stand with legs apart and jump up and down. Another method is to sit on a toilet or squat, and try to squeeze the vaginal muscles to push it out. A way to expel semen from the anus is to simulate defecation. It is important to wash gently around the outside of the vagina or anus, but not to try to ‘flush’ semen out with water, as this may push semen further in to the body. Do not douche.

Emergency contraception is a pill to prevent pregnancy that can be taken up to three days after unprotected sex. Female sex workers who do not already use additional contraception may wish to take it, if available. There is medication that can help prevent HIV transmission in circumstances where there is a known risk of HIV, but it is rarely accessible.

Really safe services

Although customers generally want vaginal sex with female sex workers and anal sex with men and transgenders, many others want adventurous or 'different' sex, much of which is safer than penetrative sex. Sex workers all over the world have found ways to increase their income and stay safe by providing such services.

These techniques can also be used to minimise penetration time, by exciting the clients before vaginal, anal or oral sex.

Masturbation

Masturbating the customer is a safe service. There are many ways to make this exciting. Mutual masturbation and watching masturbation are popular, especially if the customer believes that the sex worker is excited by it.

External ejaculation

External ejaculation is the man pulling his penis out of his partner's mouth, anus or vagina, before he ejaculates. Doing this does not make vaginal, oral or anal sex entirely safe (unless a

condom is used), because small amounts of semen come out of the penis before orgasm. However, if a condom has not been used, has broken or slipped during intercourse, withdrawing the penis before ejaculation is worth doing, because it slightly decreases the chance of HIV or STI transmission.

Breast sex

Breast sex can be a stimulating, fun and sexy alternative to penetration. It can be performed as long as the breasts can be squeezed together to form a canal. There is no pain or potential damage involved, and there are many positions to choose with it.

Voyeurism and fantasy sex

Many men pay sex workers to play out sexual fantasies with them. The possibilities of fantasy are as broad as human sexuality, and many of them are safe. They include playing out roles, being spanked or tied up, watching things like masturbation, sexy images or film, playing with particular kinds of clothing or body parts. Watching themselves excites many clients, which is why many sex establishments have mirrors



This poster was created by sex workers to illustrate that there are a range of safe sex options besides intercourse with a condom. Many carry no risk of HIV or STI transmission at all. Men opt for 'non penetrative' services for various reasons and they can be an important part of sex workers' strategies for working safely.

on walls and ceilings. Erotic talk can help when performing these non-penetrative services.

These kinds of services should not be discouraged. Not only do they provide the opportunity for safe services, they can be very profitable too.

Thigh sex

Thigh sex is rubbing the penis between the thighs while they are squeezed together. It is not painful and it is entirely safe.

Sex toys

Sex toys can be a good way to encourage sexual exploration and heighten the customer's pleasure, thus making the sex worker's job easier.

Websites and shops that sell sex toys can be accessed almost anywhere in the world. Most common are dildos and cock rings, but there are many others.

It is important to keep sex toys clean and not to share them. The rule is do not do anything with a sex toy that you would not do with part of your body. Any toys that are inserted into the body

must be covered with a condom before contact with mouth, anus or vagina. A new condom must be used for each partner, each time.

Most sex toys are made of rubber and can be kept clean with soap and water. Glass and silicone toys can be boiled or cleaned with bleach solution. Oil products destroy latex, so only water-based lubricant should be used.

Kissing

Kissing is a sensitive subject with sex workers; many find it too intimate and personal for commercial sex. Kissing carries no risk of HIV transmission, but kissing can spread herpes, glandular fever, gonorrhoea and syphilis, as well as colds and flu.

In some sex work settings, intimacy and the atmosphere of a non-commercial relationship are expected, and included in the price of sex. Sex workers in some European countries and in North America, have solved the issue of intimacy by marketing a 'Girlfriend Service'. Much more expensive than just sex, 'GFS' involves kissing and other acts of affection.

Phone and cybersex

As technology advances, the internet and phone sex lines have become more common. Customers speak to a sex worker by phone, or watch them masturbate on the internet using a web camera. Obviously, there is no risk of transmitting STIs when the sex worker and the customer are not in the same room.

These new forms of commercial sex can be profitable, and accommodating for men and women who do not want physical contact with customers. In some countries, training and sample scripts for phone sex are available.

MYTH WARNING! It is a myth that only clients in Western countries enjoy diverse sex acts. There is sexual diversity in all cultures.

Safe sex for transgender and male sex workers

Sex practised by individuals in the transgender community varies enormously, and requires specific advice about safe sex, general health and personal welfare. As one transgender sex worker notes, “Transgender people need to know about safe sex from the perspectives of both genders and a bit more”.

Male to female transgenders may need to know how to arrange male genitals to be less conspicuous, without causing damage to them. They may need information about safe administration of hormones, other feminising procedures and techniques for simulating anal and vaginal sex.

For post-operative male to female transgenders, information about how to have sex after surgery and health care for the neo-vagina is essential. Psychosocial and economic support may be necessary, because it is vital to avoid sex for a prescribed period of time after surgery. Feminising products, surgery and hormones carry economic and long-term health costs for transgenders.

Access to services, information and economic opportunities are,

therefore, crucial harm reduction strategies. Because transgender sex workers experience the highest levels of discrimination and violence, HIV agencies working with transgenders must address violence as part of their harm reduction strategy.

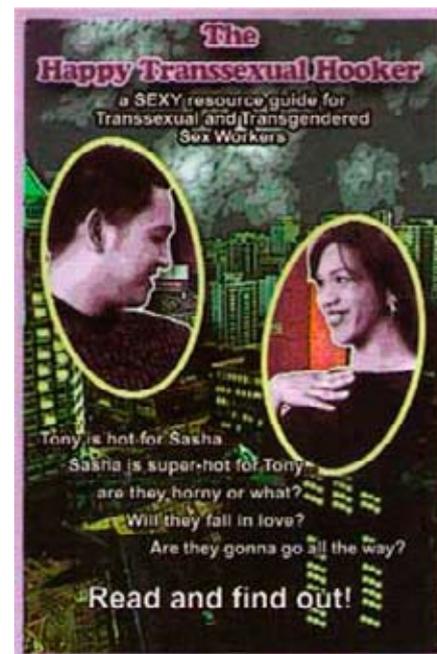
Male sex workers provide a variety of different sexual services to other men. Those working from bars and clubs, or via the internet, have a better opportunity to state the services they do and do not provide. Working the street, or other areas patrolled by the police, usually makes initial negotiation more difficult. Many times, in these situations, the commercial nature of the liaison between MSM is not explicitly stated, so prices and services are not discussed in advance.

Safe sex messages targeted at MSM need to bear in mind that male sex workers provide a range of services, some of which they do not perform in their personal relationships. As mentioned earlier, men who sell sex to men may be heterosexual. With regards to anal sex, men may have a clear preference for being either the insertive or receptive

partner. Those who do both usually make more money.

Male sex workers need specific information and the opportunity to learn about safe sex strategies. This must include information

This booklet about safe sex for transgender sex workers provides practical information about safe sex, as well as emphasising private lives and the importance of pleasure and emotional satisfaction.



about performing oral sex or non-penetrative sex if condoms are not available, and ways to cope with clients who cannot be persuaded to use condoms. Innovative approaches may be required. In Myanmar and Thailand, female, male and transgender sex workers work closely together, as their needs are very similar and cannot be met by a generic MSM programme.

Male sex workers may use Viagra or other drugs to help maintain erections. Information on safe use of these drugs and side effects should be made available. Other methods of maintaining erections, such as using cock rings, can be encouraged. Using rubber bands, or tying the base of the penis, should be discouraged as it can break the skin. Clients who use Viagra can cause particular problems, such as wanting to have sex for long periods of time. In these instances, condoms need to be regularly checked, and plenty of lubricant is needed.

Condom use can be difficult to maintain when the sex worker or client cannot get, or maintain, an erection. If the penis is going soft,



Safe sex messages on playing cards distributed to gay men in Shen Yang, China.

special care needs to be taken to make sure condoms do not slip. Female condoms can be effective for anal sex to avoid this problem. In addition, non-latex female condoms can be useful where sex work is combined with oil massage.

As HIV epidemics have grown, so has the number of HIV positive male sex workers. It is common for HIV positive male sex workers to provide unprotected sex to other HIV positive men. This is usually arranged over the internet. Even if both partners are HIV positive, there are good reasons for men

to use condoms both to avoid STIs, Hepatitis C, genital warts and other infections, and to avoid cross-infection between different strains of HIV.

Some male sex workers report that clients' increasing awareness about the potential for HIV treatments to reduce viral loads to 'safe' levels, is leading to a higher demand for unprotected sex. Additionally, another common misconception is that a positive sex worker will be on ARV treatment and hence non-infectious. (See Prevention services for HIV positive sex workers).

Section 6:

Law and Policy

Human rights

Throughout the world, sex workers and their families, face abuse and violation of their human rights. Seen as undesirable by the State and society, sex workers are vulnerable to violence and exploitation from many quarters. They consistently face barriers in obtaining redress for these violations, accessing justice, social welfare and other services.

Policy and law are often biased, assuming that sex workers have been coerced or are incapable of making choices and decisions. As a consequence, many initiatives that intersect with the lives of sex workers, such as anti-trafficking, health and HIV programmes, do not meaningfully involve them. Many such programmes fail to prioritise the needs of sex workers, or do not adopt a rights-based approach. At worst, some programmes lead to further violations of sex workers' human rights.



Sex workers are subject to human rights violations.

It is well known that HIV epidemics are fueled by human rights abuses. The failure to secure human rights places people in dangerous situations, erodes social, economic and psychological welfare and limits access to services. This is particularly true for sex workers.

Laws that affect sex workers

Laws that aim to prevent or regulate sex work deeply impact upon the human rights of sex workers. A myriad of regulations, civil and administrative laws, and of course criminal laws, are aimed at stopping public disorder, prostitution, trafficking and immorality. These shape where and how female sex workers live and work. Laws may affect male and transgender sex workers differently, for example laws against sodomy, cross dressing and public order offences.

The criminalisation of HIV transmission, at present being introduced in many countries, clearly has huge potential for harming sex workers. In some countries, public health laws force sex workers to be tested for HIV. Those who test positive are charged with offences relating to HIV transmission. In an alarming case in 2008, a group of sex workers infected with Hepatitis C were indicted under a public health law. In addition, laws and law enforcement

authorities may harass outreach workers, which impinges upon sex workers' access to services.

'Abolitionists' (those who advocate for abolishing prostitution), argue that sex work itself is violence against women. They lobby for more stringent criminal law against female sex workers, clients and sex business operators, and for women to leave

sex work. The move to criminalise clients began in Sweden, but affects sex workers in a growing number of countries. Where legislation to prohibit buying sex has come into effect, sex workers report that it has made their lives much more difficult.

However, some policy makers are recognising that laws against sex work aggravate conditions



Making Sex Work Safe

for HIV transmission. Ban Ki Moon, the UN Secretary General, and Michel Sidibé, UNAIDS Executive Director, have called for the repeal of laws that punish consensual sex between adults, including those taking place in sex work settings.

As Jeffrey O'Malley, from United Nations Development Programme (UNDP) lucidly points out,

“Situations where laws and their arbitrary, inappropriate enforcement [increase] risk and vulnerability – thereby posing formidable barriers to effective HIV responses for those most vulnerable, and the general population [...] laws which criminalise sex work are used to blackmail, exploit and harass sex workers and sex workers often experience violence at the hands of police and service providers”.



Criminalisation of sex work is harmful in many ways. It forms a significant barrier to female sex workers accessing information, safe workplaces, health services and treatment to avoid HIV infection, or live healthily with it. Far from protecting communities, laws and enforcement practices are often identified as a source of violence, social segregation, dangerous working conditions and exclusion from health and social services. This is irrespective of whether the sex industry is tolerated or regulated. Quite apart

from countries where sex work is illegal, human rights abuses are frequently reported in countries where sex work is regulated, and where there are no laws against prostitution.

In some countries, there are laws that deal with some aspects of sex work and not others. These are variously described as regulatory, legal, semi-legal and illegal settings for sex work.

Here is one framework for categorising law that affects sex workers.

A country analysis of sex work laws

South Africa's model framework for legal approaches to commercial sex.

1 Total criminalisation

The law makes all aspects of sex work illegal. The police, or other State law enforcement agencies, enforce the laws.

2 Partial criminalisation

Only some parts of sex work are considered a crime. For example, the law may punish only sex workers, or only clients.

3 Non-criminalisation

Sex workers and sex work businesses have to obey the laws that apply to general employment and business sectors. They have to follow laws dealing with labour, occupational health and safety and human rights. Under this model, laws exist to criminalise abuse, trafficking, forced and underage sex work.

4 Regulation

This model uses a system to specify where, when and how sex work will take place. It is arrived at by balancing the needs of the sex work industry against those of local communities. When people do not comply with the regulations, they are committing a crime. Sometimes however, State governments or municipalities decide the details of regulation. This is the case in the Netherlands.

All the above models criminalise forced and underage sex work.



“Punitive laws that discriminate against men who have sex with men, sex workers, injecting drug users, migrants and people living with HIV must be removed from the statute books, country by country”.

Michel Sidibe, UNAIDS Director

Violence

Initiatives to reduce violence are central to making sex work safe in most settings.

Resisting violence has been the catalyst for the mobilisation of sex workers, and the most successful health projects have strong anti-violence components. Projects that distribute health information and services, but do nothing about violence, are unlikely to be successful.

Violence can be physical abuse that causes bodily injury, but can also be threats of attack, verbal abuse, self-harm, deprivation of freedom or resources, forced work and sexual abuse. Most people perceive other sex workers, clients, brothel managers and ‘traffickers’ as the most likely abusers of female sex workers. However, sex workers claim that the sources of violence are widespread. Police, soldiers, neighbours, family members, security guards, NGOs, religious groups and local neighbourhood gangsters all feature in their stories of violence. Since sex workers are likely to be blamed or disbelieved when they report violence, incidents are largely underreported.

Police violence and extortion has nothing to do with law enforcement. Further, it is not justified on the grounds that sex work is illegal. Where sex workers are criminalised, the violence is usually harsher. However, notably, there is a high prevalence of violence in countries where no laws exist on sex work, which suggests that stigma and lack of human rights protection are major causes of violence.



Action to prevent violence and deal with its consequences

Addressing violence and getting justice is a struggle for individual sex workers and collectives. Projects can support and educate sex workers, help prosecute perpetrators of violence and influence laws and policies that address violence. These include the laws that determine where and how sex workers can operate.

Addressing violence in the context of HIV involves working with sex workers’ communities, human rights groups, PLHIV organisations, legal services and authorities. Small sex work projects can link up with these stakeholders to provide information, services and lobby for justice.

Here is a list of anti-violence activities carried out by sex workers:

► **Raising awareness**

Sometimes, the shame surrounding sex work prevents a critical analysis of the violence happening to sex workers. The first step is to ensure that sex workers, both as individuals and in groups, dismantle the idea that violence is deserved or inevitable. Often, sex workers do not have clarity about the law and law enforcement officers exploit this. So, it is important for sex workers to know their legal and human rights. Information about the law can help sex workers avoid danger.

► **Personal and community security**

Some groups work to share self-defence skills and tactics for avoiding violence. This can include self-defence training, tips about ways to avoid violence while working and distribution of personal security equipment, such as alarms and deterrent sprays. One initiative, effective in several countries, is distributing and displaying a list of violent clients around places

sex workers frequent. These usually include a description of the client, his vehicle and the circumstances that led to the assault. Sex workers usually have their own strategies for avoiding violence, especially those who are experienced. These can be built upon by health projects, rather than imposing uninformed ideas onto sex worker communities.

► **Support**

Counselling, a sympathetic ear and a safe place to be can be very important to sex workers who have been victims of violent attacks. Sex work groups or projects should meet immediate needs, such as first aid and safe accommodation, after an attack or period in detention.

Although many sex workers choose not to report violence, for others it may be urgent to pursue justice. Legal advice and support in making statements may be needed. In case a sex worker decides not to report officially, it can still be therapeutic to document what happened. Documentation also contributes to anti-violence advocacy.

► **Advocacy**

Sex work groups lobby in a variety of ways for changes in law, policy and enforcement practices that will reduce violence and its consequences. They have written policy papers; participated in local, regional and global policy making forums; spoken at conferences, produced films and publications; protested and gone on strike. One group held a series of prayer sessions to end human rights abuses against sex workers. The Day to End Violence Against Sex Workers is held on December 17 each year. On this day, sex workers all over the world hold awareness raising events.

MYTH WARNING! It is a myth that men do not experience sexual assault. Male and transgender sex experience high levels of violence, and have particular difficulty accessing non-judgmental help after an assault.

Counsellors should help sex workers recognise that blame for violence lies with the perpetrator of violence, not with themselves or because of their job.

Ethical approaches to young people and prostitution

There is international agreement that children should not be involved in prostitution, and innumerable national and international laws and policies to prevent it. Despite this, sexual abuse of children continues, and young people sell sex in most parts of the world.

Understanding the issues around young people and sex is confused by lack of a clear distinction between children and young people. Sometimes, children are defined as being less than eighteen years of age. However, this is not helpful for those working with sex workers in settings where economic independence, familial responsibility and sexual and reproductive life begin well before this age.

Copacabana, in Rio de Janeiro, has been well known for visible child prostitution. Better law enforcement has led to some reduced visibility of young girls selling sex, although there are suggestions that it is simply more hidden.

Most agencies, including sex workers' organisations, agree that removing a prepubescent child from sexual abuse is appropriate and ethical. However, identifying abused children is often difficult and their needs are complex. In most cases, sexual exploitation is only one of many types of abuse a child is exposed to. Most would agree that the success of 'rescuing' children from commercial sex depends, to a large degree, on the

alternative provided. Children repatriated to abusive families or inadequate institutions will remain vulnerable. HIV prevention projects rarely have sufficient resources to provide child welfare services. At times, sex work projects will be able to call on services of a government child welfare agency, or an NGO that can support child victims of sexual abuse, though in many settings there are no such agencies.



Young adults and children who are abused for money, understandably, avoid saying they sell sex, especially to outsiders. Often young people trade sex for favours, shelter, gifts and other non-cash payments. Occasionally, they may be reached by the same services that reach adults in organised commercial sex.

Different responses are needed for teenagers who sell sex between puberty and the age of consent. Some older adolescents may be pressured or forced to sell sex, but others do so voluntarily. Even when sex work is voluntary, a young person confronts the same threats to their health as an adult. Welfare agencies and NGOs that provide services to young people often find that age, and the extent of sexual activities,

is not the primary issue in the lives of older adolescents. Drug abuse, premature pregnancy, violence by police and families and health risks associated with homelessness may be far more pressing concerns. In the course of their work with adult sex workers, agencies that encounter young people selling sex should be trained to make referrals to appropriate services for young people.

MYTH WARNING! Just because a child is near sex workers does not mean he or she is being sexually abused.



Global Network of Sex Work Projects
Promoting Health and Human Rights

The Global Network of Sex Work Projects raises the voices of female, male and transgender sex workers on issues that affect us. What these voices say about HIV is:

**SAFETY IS MORE
THAN A CONDOM:**

**Only Rights Can
Stop the Wrongs**

Unfavourable laws, stigma, violence and discrimination cause sex workers' vulnerability to ill health, social exclusion and human rights violations. Sex workers face these to varying degrees in all cultures from Switzerland to Swaziland, Canada to Cambodia. In *Making Sex Work Safe*, we provide an overview of and introduction to the issues that affect the health and human rights of sex workers.

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